

PIMS V. 5.3 ADT Module User Manual

PTF Menu

Census Menu

- Load/Edit PTF Data
- Close Open Census Record
- Census Status Report
- Inquire Census Record
- Other Census Outputs
 - Comprehensive Census Report
 - Productivity Report by Clerk (Census Only)
 - Records By Completion Status (Census Only)
 - Transmitted Census Records List
 - Unreleased Census Records Report
- Release Closed Census Records
- Transmit Census Records
- Open Closed Census Records
- Open Released or Transmitted Census Records
- 099 Transmission for Census Record

Supervisor Menu

- Edit Census Date Parameters
- Regenerate Census Workfile

Checkoff PTF Message

DRG Calculation

Enter PTF Message

Incomplete Records Tracking Menu

- Add a New/Edit Deficiency
- Delete an IRT
- Edit a Complete IRT
- Enter/Edit an IRT
- IRT Update Std. Deficiencies

Print Menu

- Incomplete Reports Print
- Physician Deficiency Report
- Transcription Productivity Report
- Undictated Reports Print

Set up IRT Parameters

View an IRT Record

Inquire PTF Message

Load/Edit PTF Data

- National Patient Care Database
 - Transmission Reports
 - PIMS Events Transmitted Yesterday
 - PIMS Events Transmitted for Date Range
 - Transmission Utilities
 - Retransmit Patient Demographics
 - Retransmit Admission Data
 - Retransmit Entry in ADT/HL7 PIVOT File
- Open Closed PTF Record
- Open Released or Transmitted PTF Records
- PTF Output Menu
 - Admissions without an Associated PTF Record
 - CDR Inquiry
 - Comprehensive Report by Admission
 - Diagnostic Code PTF Record Search
 - DRG Information Report
 - DRG Reports Menu
 - ALOS Report for DRGs
 - Batch Multiple DRG Reports
 - Breakeven by DRG Reports
 - DRG Frequency Report
 - DRG Index Report
 - Trim Point DRG Report
 - Inquire PTF Record
 - Listing of Records by Completion Status
 - Means Test Indicator of 'U' Report
 - Open PTF Record Listing
 - Patient Summary by Admission
 - Productivity Report by Clerk
 - Surgical Code PTF Record Search
 - Transmitted Records List
 - Unreleased PTF Record Output
- PTF Transmission
 - Quick Load/Edit PTF Data
 - Release PTF Records for Transmission
 - Set Up Non-VA PTF Record

Update DRG Information Menu

Enter Breakeven Days

Enter/Edit RAM costs for Fiscal Year

Move Trim Values

Purge Breakeven Data for a Fiscal Year

Trim Point Entry

Update Transfer DRGs for Current FY

Utility Menu

099 Transmission

Record Print-Out (RPO)

Add/Edit Suffix Effective Date

Delete PTF Record

Establish PTF Record from Past Admission

Print Special Transaction Request Log

PTF Archive/Purge

PTF Expanded Code Listing

Purge Special Transaction Request Log

Set Transmit Flag on Movements

Validity Check of PTF Record

Overview

Patient Treatment File (PTF) is a record which is kept on all patients who receive inpatient care in a VA medical care facility or who receive inpatient care in a non-VA medical care facility at VA expense. Every VA inpatient admission generates a PTF record in the computer. Non-VA admissions at VA expense should have a PTF record created using the Set Up Non-VA PTF Record option.

The PTF provides a record of inpatient activity, diagnoses, procedures, and surgeries performed from the time of admission to the time of discharge from inpatient care. The PTF options provide functions to enter and edit this data in the Patient Treatment File.

A PTF record is automatically created for a patient when a patient admission is entered into the system. The PTF initially consists of patient demographic data from the main PATIENT file and admission information.

During certain ADT processes, the PTF record is automatically updated to match the inpatient Bed Control record. The user will be informed when the PTF record is being updated through a message displayed on the screen.

After patient discharge, the PTF record should be completed and closed. The data from the closed PTF is sent to the Austin Automation Center (AAC) which uses the data to compute the Diagnostic Related Groups for resource allocation to the hospital.

A census record will be required for all active admissions as of 11:59 p.m. on a specific date as established by HHAS (Headquarters Health Administration Service), VA Central Office. A census record is created when the PTF is closed for census purposes. Until the census record is created, the PTF record is displayed/printed when using the census options.

The Incomplete Records Tracking (IRT) menu provides the options that monitor incomplete records. These options track interim summaries, discharge summaries, and both inpatient and outpatient operation reports.

The following is a brief description of the major function of each PTF option.

Overview

CENSUS MENU

LOAD/EDIT PTF DATA

This option is used to enter, edit, and view data contained in the PTF for a patient's period of hospitalization and to close and release these records for transmission. The load/edit function provided in the Census Menu is intended for census purposes only.

CLOSE OPEN CENSUS RECORD

This option provides you with a quick, easy means of closing PTF records for census purposes. PTF records can also be closed through the Load/Edit PTF Data option.

CENSUS STATUS REPORT

This option allows you to print a report of all active admissions as of a specified census date. The first time the Census Status Report is run for a particular census date, a Census Workfile is created for that date.

INQUIRE CENSUS RECORD

This option is used to view the information contained in one or several patients' census record(s).

OTHER CENSUS OUTPUTS

COMPREHENSIVE CENSUS REPORT

This option provides a way to view the information contained in the census records in the PTF screen format.

PRODUCTIVITY REPORT BY CLERK (CENSUS ONLY)

This option provides a report of the census records processed by each coding clerk. The report pertains only to those records which have a status of CLOSED or RELEASED.

RECORDS BY COMPLETION STATUS (CENSUS ONLY)

This option produces a census coding report by completion status - CLOSED, RELEASED or TRANSMITTED. Records in an OPEN status are not included.

TRANSMITTED CENSUS RECORDS LIST

This option is used to obtain a list of all transmitted records for a specified date range.

Overview

UNRELEASED CENSUS RECORDS REPORT

This option provides a listing of census records with a status of CLOSED. These records have not been released for transmission to Austin.

RELEASE CLOSED CENSUS RECORDS

This option allows you to release closed census records for future transmission. Once the record has been released, it is ready for transmission to the Austin Automation Center in Austin, TX through the Transmit Census Records option.

TRANSMIT CENSUS RECORDS

This option is used to transmit released census records to the Austin Automation Center. Only holders of the security key DG PTFTRANS may access this option.

OPEN CLOSED CENSUS RECORDS

This option is used to reactivate census records that have been closed but not released or transmitted.

OPEN RELEASED OR TRANSMITTED CENSUS RECORDS

This option is used to reopen released (record has been closed and is awaiting transmission) or transmitted (record has been transmitted to Austin, TX) census records for the purpose of changing or correcting the record.

099 TRANSMISSION FOR CENSUS RECORD

This option is used to delete the master record (for census purposes) at the Austin Automation Center by electronically transmitting a 099 record. For non-free form transmissions, use of this option deletes the entire master record (for census purposes) in Austin and changes the census status of the record at the local facility from TRANSMITTED to OPEN.

SUPERVISOR MENU

EDIT CENSUS DATE PARAMETERS

This option allows the supervisor to enter a new census date and parameters or to edit the parameters for an existing census date. All date parameters are established by Central Office and should be changed only if directed by C.O.

REGENERATE CENSUS WORKFILE

This option allows the supervisor to regenerate the Census Workfile entries for a particular census date.

Overview

CHECKOFF PTF MESSAGE

This option is used to delete PTF messages from the PTF MESSAGE file. Before a PTF record can be closed, all PTF messages for the patient admission must be deleted.

DRG CALCULATION

This option computes the Diagnostic Related Group based on diagnoses and procedures/operations.

ENTER PTF MESSAGE

This option is used to enter and transmit PTF messages to the HIMS printer. PTF messages are stored in the PTF MESSAGE file.

INCOMPLETE RECORDS TRACKING MENU

ADD A NEW/EDIT DEFICIENCY

This option allows the site to add a new deficiency or edit an existing deficiency

DELETE AN IRT

The Delete an IRT option is used to delete an incomplete operation report, interim summary, or discharge summary.

EDIT A COMPLETE IRT

This option allows editing of an IRT record which has already been completed.

ENTER/EDIT AN IRT

The Enter/Edit an IRT option is used to enter new IRT records and edit incomplete IRT records in the tracking system.

IRT UPDATE STD. DEFICIENCIES

This option will create IRT entries for the site's standard deficiencies for selected date range admissions.

PRINT MENU

INCOMPLETE REPORTS PRINT

The Incomplete Reports Print option is used to produce a listing of operation reports, interim summaries, and discharge summaries that are incomplete or deficient for one or more of the following reasons: undictated, not transcribed, not signed, or not reviewed.

Overview

PHYSICIAN DEFICIENCY REPORT

This option is used to produce a listing of all uncompleted deficiencies for a physician, patient, or service/specialty.

TRANSCRIPTION PRODUCTIVITY REPORT

This option allows the user to print reports which track the number of days from the event date to the record being coded.

UNDICTATED REPORTS PRINT

The Undictated Reports Print option is used to produce a listing of operation reports, interim summaries, and discharge summaries that have not been dictated within the required timeframe established through the site parameters at your site.

SET UP IRT PARAMETERS

The Set up IRT Parameters option is used to establish site specific parameters for the IRT module. It is also used to activate/inactivate the IRT module.

VIEW AN IRT RECORD

This option is used to display a patient's list of deficiencies that are currently, or were previously, incomplete.

INQUIRE PTF MESSAGE

This option is used to display PTF messages.

LOAD/EDIT PTF DATA

This option is used to enter/edit data to the open PTF record using screen entry format.

NATIONAL PATIENT CARE DATABASE

TRANSMISSION REPORTS

PIMS EVENTS TRANSMITTED YESTERDAY

This option is used to generate a report of all PIMS events that were transmitted to the National Patient Care Database yesterday.

PIMS EVENTS TRANSMITTED FOR DATE RANGE

This option is used to generate a report of all PIMS events that were transmitted to the National Patient Care Database for a selected date range.

Overview

TRANSMISSION UTILITIES

RETRANSMIT PATIENT DEMOGRAPHICS

This option is used to retransmit demographic data for a selected patient.

RETRANSMIT ADMISSION DATA

This option is used to retransmit admission data/history for a selected patient and admission.

RETRANSMIT ENTRY IN ADT/HL7 PIVOT FILE

This option is used to retransmit an entry in the ADT/HL7 PIVOT file (#391.71).

OPEN CLOSED PTF RECORD

This option is available to holders of the DG PTFREL security key to reopen a closed PTF record.

OPEN RELEASED OR TRANSMITTED PTF RECORDS

This option is used to reopen released or transmitted PTF records. Security key DG PTFTRANS is required to utilize this option.

PTF OUTPUT MENU

ADMISSIONS WITHOUT AN ASSOCIATED PTF RECORD

This option provides a listing of admission records from Bed Control that have no corresponding PTF record.

CDR INQUIRY

This option allows you to view the Cost Distribution Report (CDR) information related to a particular PTF record. The information displayed is the same as that shown on the CDR Screen of the Load/Edit PTF Record option.

COMPREHENSIVE REPORT BY ADMISSION

This option provides a way to view the information contained in the PTF records in screen format.

DIAGNOSTIC CODE PTF RECORD SEARCH

This option is used to search for occurrences of specified diagnostic codes in the PTF records. Security key DG PTFSUP is required.

Overview

DRG INFORMATION REPORT

This option is used to generate a report displaying the DRG based on a patient's diagnoses and any operations/procedures performed. The DRG is calculated for each entered diagnosis code.

DRG REPORTS MENU

ALOS REPORT FOR DRGS

This option provides a listing of DRG totals by average length of stay.

BATCH MULTIPLE DRG REPORTS

This option allows the user to batch process the following DRG Reports: Trim Point Report, DRG Frequency Report, Breakeven by DRG Report, and ALOS for DRGs.

BREAKEVEN BY DRG REPORTS

This option shows how the facility's lengths of stay for the various DRGs compare with the facility's breakeven days for each DRG.

DRG FREQUENCY REPORT

This option shows the frequency with which patients are grouped into various DRGs.

DRG INDEX REPORT

This option allows the user to generate a report which sorts and lists patient names according to their DRG.

TRIM POINT DRG REPORT

This option provides a listing of DRG totals by trim points - below trim, within trim, and above trim.

INQUIRE PTF RECORD

This option is used to view the information contained in a patient's PTF records.

LISTING OF RECORDS BY COMPLETION STATUS

This option produces a report of PTF records by completion status - CLOSED, RELEASED, or TRANSMITTED.

MEANS TEST INDICATOR OF 'U' REPORT

This option is used to list PTF records, within a specified date range, for which the Means Test has not been done or has not been completed.

Overview

OPEN PTF RECORD LISTING

This option provides a list of PTF records with an open status for discharged patients.

PATIENT SUMMARY BY ADMISSION

This option is used to generate a list of a patient's movements, surgeries, and procedures for a selected admission from the PTF record.

PRODUCTIVITY REPORT BY CLERK

This option provides a report of the PTF records processed by each coding clerk. Security key DG PTFSUP is required.

SURGICAL CODE PTF RECORD SEARCH

This option is used to search for occurrences of specified surgical codes in the PTF records. Security key DG PTFSUP is required for access to this option.

TRANSMITTED RECORDS LIST

This option is used to obtain a list, in social security number order, of all transmitted records for a specified date range.

UNRELEASED PTF RECORD OUTPUT

This option provides a listing of PTF records with the status of CLOSED.

PTF TRANSMISSION

This option is used to electronically transmit released PTF records to the Austin Automation Center. Security key DG PTFTRANS is required to utilize this option.

QUICK LOAD/EDIT PTF DATA

This option is used to enter/edit data to the open PTF record using list format, rather than screen format, which allows for faster editing.

RELEASE PTF RECORDS FOR TRANSMISSION

This option is used to update the status of PTF records which have been closed by Health Information Management Section to RELEASED status. Security key DG PTFREL is required to utilize this option.

SET UP NON-VA PTF RECORD

This option creates PTF records for veterans being treated in a private facility at VA expense.

Overview

UPDATE DRG INFORMATION MENU

ENTER BREAKEVEN DAYS

This option is used to enter a facility's local breakeven days for each DRG.

ENTER/EDIT RAM COSTS FOR FISCAL YEAR

This option is used to enter the RAM (Resource Allocation Methodology) costs for a particular fiscal year.

MOVE TRIM VALUES

This option is used to automatically update the upper level of the DRG file with the fiscal year DRG values, such as local trim point values.

PURGE BREAKEVEN DATA FOR A FISCAL YEAR

This option is used to delete a facility's local breakeven days data for a previous fiscal year.

TRIM POINT ENTRY

This option is used to enter local trim points for DRGs into the DRG file for a specified fiscal year.

UPDATE TRANSFER DRGS FOR CURRENT FY

This option is used to update/recalculate the Transfer DRGs for all PTF records that were active anytime in the current fiscal year.

UTILITY MENU

099 TRANSMISSION

This option is used to delete the master record in the Austin Automation Center by transmitting a 099 deletion transaction. This option is only available to holders of the DG PTFTRANS security key.

RECORD PRINT-OUT (RPO)

This option is used to generate a record print-out request to the Austin Automation Center.

ADD/EDIT SUFFIX EFFECTIVE DATE

This option is used to add/edit/delete the EFFECTIVE DATE multiple of the FACILITY SUFFIX file (#45.68).

Overview

DELETE PTF RECORD

This option is used to delete PTF records from the system. This option is only available to holders of the DG PTFREL security key.

ESTABLISH PTF RECORD FROM PAST ADMISSION

This option is used to create a PTF record for an admission that does not have a corresponding PTF record. This may occur if the patient was admitted before ADT V. 3.21, if the PTF record had been deleted, or the record was not set up on admission.

PRINT SPECIAL TRANSACTION REQUEST LOG

This option allows the user to generate a listing of special transaction requests.

PTF ARCHIVE/PURGE

This option is used to archive and purge PTF records.

PTF EXPANDED CODE LISTING

This option will generate a listing of the expanded codes by category and ICD code.

PURGE SPECIAL TRANSACTION REQUEST LOG

This option allows the user to purge special transaction requests.

SET TRANSMIT FLAG ON MOVEMENTS

This option allows the supervisor to flag 501 or 535 movements for transmittal purposes. If a PTF record has more than twenty-five 501 or 535 movements (a limitation set by Austin), the record cannot be closed or transmitted.

VALIDITY CHECK OF PTF RECORD

This option performs a validity check on all required fields of the PTF record.

Overview

The information provided below shows different data elements which can/cannot be edited in PTF and, when entered/edited, which data is transferred to ADT.

- CANNOT EDIT IN PTF - MUST EDIT THRU ADT

Name, SSN, Admission Date, Discharge Date, Means Test Indicator, Discharge Status, Income, Service Connection Percentage, Period of Service

- CAN EDIT IN PTF - TRANSFERS TO ADT

Vietnam/Agent Orange, POW, Ionizing Radiation, Marital Status, Bed Section/Treating Specialties, Spinal Cord Injury, Movement Dates, Race, Sex, State, Zip, County, Date of Birth

- EDIT IN PTF - DOES NOT TRANSFER TO ADT

Leave and Pass Days, ASIH Days

- EDIT IN PTF - ONLY AFFECTS PTF

Facility & Suffix, Source of Admission, DXLS, Source of Payment, Transferring Facility, Place of Disposition, Receiving Facility, Outpatient Treatment, VA Auspices, Compensation & Pension, Diagnostic ICDs, All 401s and 601s, Expanded PTF Questions, 501 - Treated for SC Conditions

Census Menu

Load/Edit PTF Data

The Load/Edit PTF Data option is used to enter, edit, and view data contained in the PTF for a patient's period of hospitalization and to close and release these records for transmission. The Load/Edit PTF Data option under the Census Menu is intended for census purposes. Unless you are using this option for census purposes, please use the Load/Edit PTF Data option under the PTF Menu.

After selecting the patient name and admission date or PTF number at the start of this option, the system updates the patient's PTF. During this updating process, some PTF information is being filled in from the patient's record in the PATIENT file and from the patient's Bed Control information which corresponds to the admission date selected. This data should be verified and/or edited through the Extended Bed Control option.

The PTF data is arranged so that it may be viewed and edited through various screens. For easy viewing of the screens, this option allows you to "jump" from one screen display to another by entering an up-arrow <^> and the desired screen name. On some screens, data is grouped into sections for editing. Each section is labeled with a number to the left of the data items in reverse video. The patient's name, social security number, date of admission and the screen number appear at the top of every screen.

"101" SCREEN

The first screen that will appear is the "101" screen. This screen may contain admission and discharge information for the episode of care, basic patient demographic information, and the CENSUS STATUS. Much of this screen is automatically filled in from data in the PATIENT file and the corresponding admission record in the PATIENT file. Choose the number(s) to the left of the group of data items you wish to edit. You will be prompted to indicate if treatment was related to MST only if the patient's MST Status is YES.

"MAS" SCREEN

The "MAS" screen contains patient diagnoses and information about patient movement(s), surgery(s), and procedure(s). Information for surgical episode(s) and procedure(s) must be filled in through PTF as Bed Control does not track information for these episodes. Many different actions are available to enter/edit the patient movements, surgery episodes, and procedures. These are displayed at the bottom of the "MAS" screen.

Census Menu

Load/Edit PTF Data

Some patient movement information is filled in from the admission record including losing specialty (the specialty from which the patient is transferring). Patient movements of less than 24 hours and transfers that only involve a facility treating specialty change and not a PTF specialty change will not create a new patient movement in PTF.

It should be noted that 401P transactions (which are valid only for admissions prior to 10/1/87) allow up to five procedure codes per admission and are not stored by date. 601 transactions allow five codes per procedure date. To add/delete a procedure code for a 601 transaction, select "E".

"501" SCREEN

The "501" screen(s) contains information about the patient movement(s) listed on the "MAS" screen including the patient discharge movement. Because a "501" screen is generated for every patient movement which involves a specialty change, there may be more than one "501" screen. The screens are numbered as follows: 501-1, 501-2, 501-3, etc. Since the discharge movement is displayed on this screen every PTF will have at least one "501" screen. (See Note #1 at the end of this option documentation for important information regarding editing leave and pass days.)

A maximum of 25 movements may be transmitted. If this limit is exceeded, the system will warn the user. The Set Transmit Flag on Movements option will allow the supervisor to choose which movement(s) to delete from the transmission.

If a TRANSFER DRG can be computed for a movement, it will be displayed on the applicable "501" screen. TRANSFER DRGs are generated based on codes entered when a movement between Services has occurred AND a change in the DRG has occurred. Applicable Services are Surgery, Neurology, Rehab. Medicine, Psychiatry, and Medicine. Other Services (pass through) are not applicable to TRANSFER DRGs. TRANSFER DRGs are stored in the PTF file and are used as a basis for the DRG reports. After editing, the "501-#" screen is redisplayed with the new values. However, due to the processing time involved, TRANSFER DRGs are not updated after editing the "501" screen. They will be updated the next time the PTF is load/edited when you see the message, "Updating PTF record #" or upon exiting the option when you see the message, "Updating TRANSFER DRGs."

Census Menu

Load/Edit PTF Data

"401" SCREEN

The "401" screen(s) contains information for any surgical episode(s) listed on the "MAS" screen. Because there is a "401" screen for every date a surgical episode occurred, there may be more than one "401" screen. However, if there were 2 surgical episodes on the same date, they will appear on different "401" screens. The screens are numbered as follows: 401-1, 401-2, 401-3, etc. You may enter up to 5 operation codes per date. After 10-1-87, 3 surgical episodes per date are allowed. Prior to that date, only 2 episodes per date were allowed. If no surgical episodes were performed during the inpatient stay, a "401" screen will not exist for that PTF.

"601" SCREEN

The "601" screen(s) contains information for any procedures performed. Because there is a "601" screen for every date a procedure occurred during the hospitalization, there may be more than one "601" screen. The screens are numbered as follows: 601-1, 601-2, 601-3, etc. You may enter up to 5 procedures per date. If numerous procedures were performed on the same day, they are all listed on one screen. If no procedures were performed during the inpatient stay, a "601" screen will not exist for that PTF.

"CDR" SCREEN

The "CDR" screen contains information for those patient movements affecting the Cost Distribution Report. It contains information regarding those interward transfer movements that change the ward CDR for the patient but the treating specialty remains the same. The screen is for viewing only with no editing allowed. The data displayed is compiled from activities made through the Bed Control options. The CDR information will begin with the first 501 or 535 movement to occur after 10/1/90.

"701" SCREEN

The user chooses the DXLS (the diagnosis responsible for the major length of stay) through the "701" screen. The 702 and 703 segments which contain diagnoses 2-10 are also entered through the "701" screen. Once this is entered, the system calculates and displays the DRG based on the DXLS, ICDs 2-10 from 702-703, and operations/procedures from 401 and 601 segments. The DRG on the "701" screen is not stored in the PTF and is recalculated every time this screen is displayed. After editing a screen, the system redisplay the screen with the changes.

Census Menu

Load/Edit PTF Data

The "701" screen is also where the PTF or census record can be closed, released, or reopened. A census record is created when the PTF record is successfully closed for census purposes.

If the PTF requires a census record, the record must be closed for census purposes before the PTF record can be closed. If you attempt to close a PTF record (requiring a census record) that has not yet been closed for census purposes, the following message will appear, "Record #{} MUST be closed for CENSUS first" and you will be prompted to close the census record.

If you release a PTF record and the corresponding census record has not yet been released, the following message will appear, "Census Record #{} also needs to be 'released'" and you will be prompted to release the census record. Once a record has been released, it can only be reopened through either the Open Released or Transmitted Census Records option under the Census Menu or Open Released or Transmitted PTF Records option under the PTF Menu.

Some of the data items that can be found on the different PTF screens, with a brief description of each item, is provided at the end of this option documentation.

Four items which come from the admission record cannot be entered/edited through PTF: ADMISSION DATE, DISCHARGE DATE, DISCHARGE SPECIALTY, and TYPE OF DISPOSITION.

Four checks (edits) are performed on the record at the time of closing. The first review checks to see that facility number and discharge date are completed and that a DRG has been calculated. If you are closing the record for census purposes, a discharge date is not required.

Because the PTF cannot be closed if PTF messages are remaining, the second review checks to see that all PTF messages are cleared. The user is given the opportunity to delete any PTF messages remaining at this time. This check is not performed if you are closing the record for census purposes only.

Census Menu

Load/Edit PTF Data

Thirdly, the PTF is checked to see that required fields are completed and that numeric fields do not have non-numeric characters and vice versa. Any erroneous fields are listed and the user is given the opportunity to enter the correct value for the field. The PERIOD OF SERVICE field may not be edited through PTF. If this field is in error, it will be listed, but must be edited through the Load/Edit Patient Data option in Registration.

Lastly, the record is checked for inconsistent data fields. For example, AGENT ORANGE (col 63) can only be used with PERIOD OF SERVICE - VIETNAM ERA or PERSIAN GULF WAR (Vietnam service indicator must be set to YES).

Each edit is not applied until the record has passed all preceding edits. For example, if the first two checks were passed, but not the third, the system would list the blank fields. If there were any inconsistent data fields contained in this record, these would not be displayed until all the blank values were completed.

Additional edit checks were added with V. 5.3. If the record does not pass these checks, a List Manager screen will appear displaying the inconsistencies for viewing only. The error listing resembles the EAL report from Austin. These inconsistencies cannot be corrected through the List Manager screen. You may use the up-arrow <^> to drop out of List Manager and return to Load/Edit.

The system updates the TRANSFER DRGs at exiting the option for open records and at close out on the "701" screen (for VA PTF records only). This is done so that any DRG reports subsequently run which include that PTF record will contain current TRANSFER DRGs based on what has been coded.

Census Menu

Load/Edit PTF Data

1) Leave and pass days of a patient movement may be edited through Bed Control or through the PTF "501" screens. However, NO corresponding change will be made to the admission record of edits made on these fields through PTF only. Because an open PTF will be updated to match the admission record when the PTF is selected again, any leave/pass day changes made only through PTF will be lost. To ensure that these changes to the PTF are not lost, the PTF can be closed after editing. Closed PTF records are not updated by the system. If the PTF is not closed at the end of the editing session, leave/pass day changes must be made to the admission record through the appropriate Bed Control option. For consistency of the data, leave/pass days should be edited ONLY through Bed Control.

2) During the verification process that is performed when the user selects to close the PTF, error messages may be displayed and any required fields that are in error or incomplete will be listed. Following are messages that may be displayed to indicate that the PTF can not be closed as is:

<u>MESSAGE</u>	<u>ACTION</u>
"Unable to close without a discharge date."	Enter discharge date through Bed Control
"Unable to close without a DRG being calculated."	Enter DXLS on "701" screen
"Not all messages have been cleared up for the patient--cannot close."	Checkoff remaining PTF messages

3) The system will fill in the facility field, if blank. If this is done, the facility name will be displayed after the PTF record is selected. If there are no treating specialty transfers for the selected record, the system will display a message at this time stating same.

Census Menu

Load/Edit PTF Data

This following is included to give a further explanation of the fields (data items) that constitute the Patient Treatment File. It lists some of the data items that can be edited through the different PTF screens and a brief description of each item. A description of the data elements contained on the CDR screen are also provided.

SCREEN	FIELD NAME OR PROMPT	DESCRIPTION
"101"	FACILITY	Facility number where patient was admitted
	SUFFIX	Suffix of admitting facility
	SOURCE OF ADMISSION	Source of this patient admission; from SOURCE OF ADMISSION file
	SOURCE OF PAYMENT	For patients treated at non-VA hospitals at VA expense; from set of codes
	TRANSFERRING FACILITY	VA facility from which the patient was transferred
	TRANSFERRING SUFFIX	Suffix of transferring facility
	CATEGORY OF BENEFICIARY	Code that indicates the patient's military status from CATEGORY OF BENEFICIARY file
	ENTER THE ELIGIBILITY FOR THIS ADMISSION	For patients with dual eligibility, the eligibility associated with the admission
	MARITAL STATUS	Patient's marital status
	RACE	Patient's race
	SEX	Patient's sex
	SPINAL CORD INJURY	Code that indicates if this patient sustained a spinal cord injury and, if so, what type
	DATE OF BIRTH	Patient's date of birth
	VIETNAM SERVICE INDICATED	YES/NO - Did patient serve in Viet Nam?

Census Menu
Load/Edit PTF Data

SCREEN	FIELD NAME OR PROMPT	DESCRIPTION
"101"	AGENT ORANGE EXPOS. INDICATED	YES/NO/UNKNOWN - Was patient exposed to Agent Orange?
	RADIATION EXPOSURE INDICATED	YES/NO/UNKNOWN - Was patient exposed to radiation?
	MST INDICATED	YES/NO/UNKNOWN/DECLINED TO ANSWER Was the patient a victim of Military Sexual Trauma?
	POW CONFINEMENT LOCATION	War in which patient was a prisoner of of war
	POW STATUS INDICATED	YES/NO - Was patient ever a prisoner of war?
	STATE	Patient's state of residence
	COUNTY	Patient's county of residence
	ZIP+4	Patient's zip code, 5 or 9 digits
	PLACE OF DISPOSITION	Where patient is going upon discharge from this hospital episode; from the PLACE OF DISPOSITION file
	OUTPATIENT TREATMENT	YES/NO - Will patient receive out- patient care after discharge?
	VA AUSPICES	YES/NO - Will VA pay for continued medical care for this patient after discharge?
	C&P STATUS	Code that indicates the Compensation and Pension status of patient; from set of codes.
	RECEIVING FACILITY	Facility number of VA medical care center to which patient is transferring for further medical care; from PTF TRANSFERRING FACILITY file
	RECEIVING SUFFIX	Suffix of receiving facility
	MEANS TEST	Means Test Indicator
	ASIH DAYS	For nursing home or domiciliary patients, number of days patient was absent due to admission to a hospital

Census Menu
Load/Edit PTF Data

SCREEN	FIELD NAME OR PROMPT	DESCRIPTION
"MAS"	SPECIALTY TRANSFER DATE	Date patient is admitted to the treating specialty
	FACILITY TREATING	Treating specialty patient moved to SPECIALTY
	PRIMARY CARE PHYSICIAN	Provider responsible for patient's care; from PROVIDER file
"501-#"	LEAVE DAYS	Number of days patient was on leave (an absence of more than 96 hours but not more than 14 days) from a specialty during that patient movement
	PASS DAYS	Number of days patient was on pass (an absence of less than 96 hours) from a specialty during that patient movement
	ICD 1	ICD-9-CM Diagnosis code of diagnosis that is responsible for patient's greatest length of stay on a specialty; (for each specialty patient was admitted to during this period of hospitalization)
	ICD 2-5	ICD-9-CM Diagnosis code of second, third, ..., fifth diagnoses responsible for patient's stay on a specialty
	TREATED FOR SC/AO/ IR/EC CONDITION	Was this treatment for a service- connected condition or as a result of exposure to Agent Orange, ionizing radiation or environ- mental contaminants? These will appear as separate prompts.
"401-#"	SURGERY/PROCEDURE DATE	Date of this patient's surgery episode(s), if any

Census Menu
Load/Edit PTF Data

SCREEN	FIELD NAME OR PROMPT	DESCRIPTION
"401-#"	SURGICAL SPECIALTY	Code of the surgical specialty associated with the chief surgeon for each surgery episode; from the SURGICAL SPECIALTY file
	CATEGORY OF CHIEF SURGEON	Code that indicates the category of the chief surgeon for patient's surgical episode(s); from set of codes
	CATEGORY OF FIRST ASSISTANT	Code that indicates the category of the first assistant for patient's surgical episode(s); from set of codes
	PRINCIPAL ANESTHETIC TECHNIQUE	Code that indicates the major type of anesthetic technique of patient's surgical episode(s); from set of codes
	OPERATION CODE 1-5	Operation code(s) of patient's surgical episode(s); up to five operation codes allowed per each surgical episode; from ICD OPERATION/PROCEDURE file
	SOURCE OF PAY	Source of payment for patients operated on in a non-VA facility and returned to a VA facility within a 24 hour period
"601-#"	PROCEDURE DATE	Date procedure performed
	DIALYSIS TYPE	Number or description of dialysis type
	PROCEDURE CODE 1-5	ICD Procedure Code Number for first, second,.... fifth procedure
"701"	DXLS	ICD-9-CM code of diagnosis responsible for patient's greatest length of stay for this hospital episode
	ICD 2-10	ICD-9-CM code of second, third, ..., tenth diagnoses for this patient's episode of care

Census Menu
Load/Edit PTF Data

CDR Data Fields

LOSING DATE	Date of patient movement off ward, treating specialty or both
REC TYPE	Transaction type (501 or 535)
WARD/DRG	Ward patient is moving from and DRG associated with the treating specialty assigned to the losing ward
LOSING WARD CDR/SPEC	Specialty assigned to losing ward
PTF CDR/SPEC	Losing PTF CDR specialty assigned to patient
LEAVE	Number of days patient was on leave (an absence of more than 96 hours but not more than 14 days) from a specialty during that patient movement
PASS	Number of days patient was on pass (an absence of less than 96 hours) from a specialty during that patient movement
LOS (LENGTH OF STAY)	Length of stay on the losing ward or, for the 501, length of stay while being treated for the specialty. LOS = elapsed time (-) leave and pass days

Census Menu

Close Open Census Record

The Close Open Census Record option provides you with a quick, easy means of closing PTF records for census purposes. The census record is created when the PTF record is closed for census purposes either through this option or the Load/Edit PTF Data option.

You will first enter the PTF record number or name of the patient whose record you wish to close. If you enter the name of a patient who has more than one record which has not been closed for census purposes, all open records will be displayed with the date of admission for selection. If you choose an admission which does not require a census transaction, the following message will appear:

">>>> Census transactions are not required for this PTF record."

The system will first use ADT and Registration data to update the PTF record and transfer DRGs. An edit check is then performed to determine that the PTF data is correct and complete. If the record is incomplete or incorrect, it may be necessary to correct or complete the information using the Load/Edit PTF Data option of the Census Menu. If this is necessary, the following message will be displayed.

">>>> Not able to close for census. Please use 'Load/Edit' option to edit PTF".

Census Menu

Census Status Report

The Census Status Report allows you to print a report of all active admissions as of a specified census date. The first time the Census Status Report is run for a particular census date, a Census Workfile is created for that date.

One or all statuses may be selected, and some or all of the following information will be provided for each census record: patient name and last four digits of the social security number; the admission date, ward location on the census date, and census status; the PTF number and census number. At the conclusion of the report, the total number of census records for each status and the overall statistics are given.

The status report is sorted in the following order.

- division
- status
- ward location on census date
- alphabetically by patient name

If all statuses are included, the report will also be sorted by the census status.

If your facility is multidivisional, you will be prompted to select one, several, or all divisions. If you are printing the report for more than one division, the report and the totals given at the end of the report will be sorted by division.

You may choose to queue the report to print during non-work hours, depending on the length of the report. This report was not designed to be run to a terminal. It requires 132 column and may take quite a while to run if the Census Workfile has not been generated.

Census Menu

Inquire Census Record

The Inquire Census Record option is used to view the information contained in one or several patients' census record(s). The census record is created when the PTF record is closed for census purposes. If a census record does not yet exist, the PTF record is displayed with the following message.

"NOTE: This is the PTF record for the admission. Census record does not exist."

The records may be selected by census number, patient name(s) or, if a census record does not yet exist, the PTF number. If there are multiple admissions for a patient, selection will also be made by admission. Only PTF records which require a census record for the current census may be selected.

Information provided in the display may include marital status, race, date of birth, admission date, census date, ASIH (absent-sick-in-hospital) days, census status, date of surgery, anesthesia technique, chief surgeon and surgical procedure (if any), pass days, source of pay, etc. PERIOD OF SERV field will appear as CAT OF BEN for discharges before 10/1/90.

The following fields are not required for census purposes: TYPE OF DISCH., DISCH. SPECIALTY, PLACE OF DISP., OUT TREAT, VA AUSPICES, and RECEIV. FACIL.

Census Menu
Other Census Outputs
Comprehensive Census Report

The Comprehensive Census Report option provides a way to view the information contained in the census records in the PTF screen format.

The census records are selected by patient name. You may choose to view the records of a single patient or a range of patients alphabetically. A range of admission dates may then be specified with further breakdown by status, or all statuses may be selected. The statuses are assigned the following numbers for selection purposes.

OPEN = 0

CLOSED = 1

RELEASED = 2

TRANSMITTED = 3

A census record is created only when the PTF record is "closed for census purposes". If any of the records within the selected ranges have not been closed for census purposes, the PTF record will be displayed. The following message will appear when a PTF record is printed.

"This is the PTF record for the admission. Census record does not exist."

Information provided for each record may include race, sex, date of birth, marital status, C&P (compensation and pension) status, ASIH (absent-sick-in-hospital) days, leave days, pass days, surgical procedures, surgical specialty, anesthesia technique, etc. PERIOD OF SERV field will appear as CAT OF BEN for discharges before 10/1/90.

You may wish to queue the report to run during off-hours.

Census Menu
Other Census Outputs
Productivity Report by Clerk (Census Only)

The Productivity Report by Clerk (Census Only) option provides a report of the census records processed by each coding clerk. The report pertains only to those records which have a status of CLOSED or RELEASED. It may be run for all close out or release dates or a specified range. The user can select to run the report to show the records of all coding clerks or selected clerks. Only holders of the security key DG PTFSUP may access this option.

The report is sorted alphabetically by coding clerks' last name. The following information will be listed for each record.

- Patient Name and SSN
- Census Date
- Number of Patient Movements (#PM)
- Number of Surgical Episodes (#Surg)
- Name of individual who closed/released the record and close out/release date

The system computes and displays the following for each coding clerk.

- Subtotals indicating the number of patient movements and surgical episodes
- Subcount indicating the number of records coded
- Submean indicating the average number of patient movements and surgical episodes per record

Grand total amounts are displayed at the end of the report.

Census Menu
Other Census Outputs
Records by Completion Status (Census Only)

This option produces a census coding report by completion status - CLOSED, RELEASED, or TRANSMITTED. Records in an OPEN status are not included. The report may be run for all completion statuses or a single status.

The report can be generated for a particular PTF census date or for a specified release, transmission, or close-out date range. If you wish to begin the report with the first date but **not** sort to the last date, you must specify the beginning date at the "Start with Date: First/" prompt rather than entering a <RET> to accept the default.

For each status, all applicable census records for the census date selected or within the specified release, transmission, or close-out date range will be listed. The following will be provided for each census record.

- Patient Name SSN Census Date
- # of Patient Movements # of Surgical Episodes
- Name of individual who closed the record and date closed
- Name of individual who released the record and date released, if applicable

The total number of census records, patient movements, and surgical episodes are given. If the report is run for all statuses, subtotals and subcounts are given for each status.

You may wish to queue the report to run during non-work hours depending on the length of the report.

Census Menu
Other Census Outputs
Transmitted Census Records List

The Transmitted Census Records List option is used to obtain a list of all transmitted census records for a specified date range. The report is designed to correspond with the Edit Analysis List (EAL) generated by the Austin Automation Center in Austin, Texas. The output and the EAL may be compared to insure that all census records that have a status of TRANSMITTED have been received at Austin.

The listing is in numerical order by social security number. In addition to the SSN, the following information is provided: admission date, facility/ suffix number, patient name, census #, census date, person who released record, and release and transmission dates.

The output is divided such that suffix AO and null suffixes are listed together. All other suffixes are grouped together and will be printed on a separate page. The total number of transmitted records for each grouping is also provided.

The output must be generated at a margin width of 132 columns.

Census Menu
Other Census Outputs
Unreleased Census Records Report

The Unreleased Census Records Report option provides a listing of census records with a status of CLOSED. These records have not been released for transmission to Austin.

The report is sorted sequentially by close out date. The user may specify a range of close out dates or begin the report with the first close out date for which there is an unreleased census record and end with the last. You may choose to queue this report to print during non-work hours, depending on the length of the report.

Information provided for each census record includes patient name and social security number, admission and discharge date, close out date, and name of the clerk who closed the record. The total number of records listed is given at the end of the report.

Census Menu

Release Closed Census Records

The Release Closed Census Records option allows you to release closed census records for later transmission. Once the record has been released, it is ready for transmission to the Austin Automation Center in Austin, TX through the Transmit Census Records option.

Once you have entered the name of the patient whose record you wish to release, the patient's date of birth, SSN, date of admission, and census status are displayed. When the process is completed, the census status will be updated to RELEASED.

Closed census records can also be released through the census release action of the 701 screen in the Load/Edit PTF Data option.

Only holders of security key DG PTFREL may access this option.

Census Menu

Transmit Census Records

The Transmit Census Records option is used to electronically transmit released census records to the Austin Automation Center in Austin, TX. The records are selected for transmittal by release date. The user may choose a single date or a range of dates. Only holders of the security key DG PTFTRANS may access this option.

The system will list the patient names and admission dates of the released census records that fall within the date range selected. For records that have passed the validity check, the system will display the word "Okay" and the record will be transmitted. For those records that do not pass the validity check, the system will list the invalid fields showing the transaction type number which contains that field, field name, column number, and value. The record will be automatically reopened and will NOT be transmitted. The census record will be deleted along with the corresponding entries in the PTF CLOSE OUT and PTF RELEASE files. The user must use the Load/Edit PTF Data option of the Census Menu to correct or complete the invalid fields and close the record.

Electronic MailMan messages are generated through the use of this option. The sender will receive these messages in their IN basket. On invalid records, the message shows the PTF record number and patient name and states that the record has been reopened. On valid records, the message shows how the data was actually sent to Austin. A "Q"uery at this message will provide the MailMan transmission status (i.e. AWAITING TRANSMISSION, SENT) and the message number.

The third MailMan message generated is a summary sent only to the user who utilized the option. This message shows the run date, the release date range selected, the total number of census records transmitted, and the local message ID number(s). The local message ID number is used for comparison to the confirmation message received from Austin which is received by all users in the PTT mail group.

Census Menu

Open Closed Census Records

The Open Closed Census Records option is used to reactivate census records that have been closed but not released or transmitted. It sometimes may be necessary to change or correct a CLOSED census record, but changes cannot be made until the record is reopened. Upon reopening, the corresponding entry in the PTF CLOSE OUT file is deleted and the census status is returned to OPEN.

If you attempt to reopen a census record when the corresponding PTF record does not have a status of OPEN, the following message will appear:

"Associated PTF record {#} must be RE-OPENED in order to re-open Census record {#}."

You may reopen the PTF record through the Open Closed PTF Record option, or both records may be reopened through the 701 screen of the Load/Edit PTF Data option.

Only holders of the security key DG PTFREL may access this option.

Census Menu

Open Released or Transmitted Census Records

This option is used to reopen released (record has been closed and is awaiting transmission) or transmitted (record has been electronically transmitted to Austin, TX) census records for the purpose of changing or correcting the record. Changes cannot be made until the record is reopened. When a record is reopened, the corresponding census entries in the PTF CLOSE OUT file and PTF RELEASE file are deleted. Also, the census record is deleted, and the census status is returned to OPEN.

If you attempt to reopen a census record when the corresponding PTF record has been released or transmitted, the following message will appear.

"Associated PTF record {#} must be RE-OPENED in order to re-open Census record {#}".

Although it is possible to open a transmitted record through this option, it is preferable to use the Census Menu Option, 099 Transmission. Use of the 099 option deletes the master record in Austin, while this option does not.

Only holders of the security key DG PTFTRANS may access this option.

You will be prompted for the census record to open. You may enter the patient's name or census record number at this prompt.

Census Menu

099 Transmission for Census Record

The 099 Transmission for Census Record option is used to delete the master record (for census purposes) at the Austin Automation Center (AAC) by electronically transmitting a 099 record. For non-free form transmissions, use of this option deletes the entire master record (for census purposes) in Austin and changes the census status of the record at the local facility from TRANSMITTED to OPEN. Upon reopening, the census record is deleted, and the corresponding entries in the CENSUS CLOSE OUT file and in the CENSUS RELEASE file are deleted. Once this record is edited and closed again, the entire record can then be retransmitted to the AAC.

A free form 099 transaction may also be sent through this option. This would be used to delete a master record in Austin where the SSN or admission date had been entered incorrectly or a pseudo social security number had been used and you now have the correct number.

When utilizing this option, enter the social security number of the patient exactly as it was entered when the master record was created. Pseudo social security numbers should be entered in the following format: P#####.

Electronic MailMan messages are generated through the use of this option. The sender will receive these messages in their IN basket. The first message shows how the data was actually sent. A "Q" query at this message will provide the status of the message and the message number. This number can be checked against the message number in the response from Austin to aid in matching up messages with the correct response. The second message is the response from Austin showing that the data was received or not received and the reason why. This message is sent to members of the PTT mail group.

Only holders of the security key DG PTFTRANS may access this option. You may not utilize this option while other records are being transmitted.

Census Menu
Supervisor Menu
Edit Census Date Parameters

This option allows the supervisor to enter a new census date and parameters or to edit the parameters for an existing census date. All date parameters are established by Central Office and should be changed only if directed by C.O. The following is a list of the census date parameters and a brief explanation of each. You may enter double question marks (??) at any prompt for further explanation.

CENSUS PERIOD START DATE

The first date of the census period (usually the first day of the fiscal year). All specialty movements and procedures which occur for active admissions between this date and the census period end date should be included in the census record.

CENSUS PERIOD END DATE [CENSUS DATE]

The last date of the census period (usually the last date of the fiscal year). All active admissions between the census period start date and this date are listed on the Census Status Report and need a census transaction. This date will be known as the Census Date and will be used to identify the census period.

CLOSE-OUT DATE

The last date the census transaction may be transmitted to the Automation Center in Austin, TX.

OK TO XMIT PTF TRANSACTIONS

The date PTF transactions can be transmitted for those admissions which also had census transactions. If PTF transactions are transmitted to Austin before this date, the PTF transaction would overlay the census transaction for the admission. This could have an adverse affect on RAM allocations. It is possible to close and release PTF transactions prior to this date; however, they cannot be transmitted.

CURRENTLY ACTIVE

Whether or not the date selected is the currently active census date. Only one census date may be active at one time. If you enter YES at the "CURRENTLY ACTIVE" prompt and another census date is already active, the system will notify you which census date is currently active.

Census Menu

Supervisor Menu

Regenerate Census Workfile

The Regenerate Census Workfile option allows the supervisor to regenerate the census workfile entries for a particular census date. One entry is placed in the census workfile for each admission requiring a census record for the selected census date.

When the regeneration is complete, the WORKFILE LAST UPDATED field in the PTF CENSUS DATE file is updated with the current date and time. This can be seen by viewing the Quick Parameter Profile screen for the selected census date through the Edit Census Date Parameters option. A MailMan bulletin is also sent to the user who requested the regeneration. These are two methods by which you can monitor the completion of a regeneration. The MailMan message will also inform the user if any ADT changes have affected the workfile entry for the census date.

The first time the Census Status Report is generated for a particular census date, the census workfile is automatically generated. Thereafter, the workfile should be regenerated through this option at the beginning and at the end of the census process to ensure that no admissions have been added via bed control.

Examples of the types of MailMan bulletins received by the user when the Census Workfile is regenerated.

1. This is an example of the type of message received if the workfile did not change as a result of regeneration.

```
Subj: Census Workfile Update (CENSUS DATE: SEP 30,1989) 01 May 90 15:47 16 Lines
From: JONES,MICHAEL (ALBANY CIOFO) in 'IN' basket. **NEW**
```

```
-----
Census Work File Compilation Finished: MAY 1,1990@16:02
```

```
**** Work File did NOT change as a result of update.****
```


Census Menu
Supervisor Menu
Regenerate Census Workfile

2. The following is an example of the types of messages generated if the workfile entry for the census date has been affected by ADT bed control activity. The first message indicates the admission WAS part of the workfile; however, since the workfile was last compiled, this admission no longer meets the criteria for the current census date. The second message indicates to the user that these admissions are new to the workfile.

Subj: Census Workfile Update (CENSUS DATE: SEP 30,1989) 01 May 90 15:47 16 Lines
From: JONES,MICHAEL (ALBANY CIOFO) in 'IN' basket. **NEW**

Census Work File Compilation Finished: MAY 1,1990@15:47

>>> OLD ADMISSIONS no longer needing a Census Record:

Name		Admission Date	PTF#	Census#
----		-----	----	-----
SMITH,JOHN	(5465)	DEC 4,1988@13:00	1055	

>>> NEW ADMISSIONS added to workfile needing a Census Record:

Name		Admission Date	PTF#	Census#
----		-----	----	-----
LYONS,SUSAN S.	(4581)	AUG 25,1989@24:00	1321	1324
BROWN,THOMAS	(3454)	JUL 8,1988@14:04	1030	

Checkoff PTF Message

The Checkoff PTF Message option is used to delete PTF messages from the PTF MESSAGE file. All PTF messages for a patient's period of hospitalization must be deleted prior to closing the PTF record.

The PTF messages may be deleted by patient name or PTF message number. The user may choose to delete all messages, a group of messages, or an individual message. If desired, the system will display a list of the messages for the patient selected.

DRG Calculation

The DRG Calculation option is used to compute and display the Diagnosis Related Group (DRG) for a patient based on that patient's diagnoses and any operations/procedures performed. If you enter an INACTIVE diagnosis code, a message will be displayed and the prompt will be repeated.

You will be prompted for the DXLS. Answer with the ICD Code Number of the diagnosis responsible for the major portion of the patient stay. Multiple secondary diagnoses and operations/procedures may also be entered.

The following is a list of those items that are computed and displayed for the DRG.

Avg len of stay - The VA national length of stay for the DRG.

Weight - The weighted work unit (WWU) value assigned to the DRG.

Low day(s) - The VA low trim point day for the assigned DRG.

High days - The VA high trim point day for the assigned DRG.

Local Breakeven - The day on which actual cost of care equals the estimated allocation for the assigned DRG for the individual medical center.

Local low day(s) - The low trim point day established by the individual medical center for the assigned DRG.

Local High days - The high trim point day established by the individual medical center for the assigned DRG.

The data may be calculated for VA or non-VA patients. The system does not store the DRG compiled for each patient. It is recalculated each time this option is utilized.

Enter PTF Message

The Enter PTF Message option is used to send a PTF message to HIMS (Health Information Management Section). Some PTF messages are generated and forwarded by the system. For example, when a patient's diagnosis changes or when a treating specialty transfer occurs, an automatic PTF message is sent. Surgical episode information, however, does not generate a message. This option provides a way to send to HIMS that data which is not automatically forwarded.

The site has the option to enable or disable the printing of PTF messages by setting the field, PRINT PTF MESSAGES, to YES or NO under ADT System Definition. This is defined for the entire medical center. If so selected, the messages will be printed on the HIMS MESSAGE PRINTER as defined under ADT System Definition (by division if multidivisional site). If a device has not been established as HIMS MESSAGE PRINTER, the system will send the messages to DEFAULT PTF MESSAGE PRINTER.

As with other PTF messages, those created using this option are stored in the PTF MESSAGE file. All messages for the patient's period of hospitalization must be deleted prior to closing the PTF record. Therefore, after entering information from a message into the associated PTF record, HIMS personnel will delete the message from the file.

Incomplete Records Tracking Menu

Add a New/Edit Deficiency

The Add a New/Edit Deficiency option allows the site to add a new deficiency or edit an existing deficiency. This option should be utilized before using the IRT software as it establishes the deficiencies the site will track.

A list of deficiencies is sent out with the software. The deficiency name and category will be highlighted on the screen display and will not be editable. Deficiencies that are subsequently added by the site will not be highlighted on the screen display and can be edited. Neither can be deleted.

The Deficiency Parameter List screen will be displayed upon entering the option. You may only select from the deficiencies displayed on the screen. To move to a deficiency not displayed, enter "JC" at the "Select Action:" prompt.

This option uses the List Manager utility. The List Manager is a tool designed to display a list of items. It allows you to select items from the list and perform specific actions against those items.

When entering an IRT, only those deficiencies that have been turned on by answering YES to the TRACK DEFICIENCY field will be choices for the user.

You may specify a deficiency as STANDARD through this option. When the IRT background job is run, an IRT entry will be created for each of the standard deficiencies for the previous day's admissions.

You must hold the DGJ SUPER security key to access this option.

Incomplete Records Tracking Menu

Delete an IRT

The Delete an IRT option is used to delete an IRT entry. You must hold the DGJ CLERK SUPER security key to access this option.

At multidivisional facilities, you will be prompted for a division. Your selection should be the division where the entry you wish to delete was initiated. This is a required response if you wish to continue in the option; however, entry of an up-arrow <^> will exit the option and return you to the menu.

If the TRACK OUTPATIENT OP REPORTS site parameter is set to YES, you will be prompted for whether you wish to display inpatient or outpatient deficiencies. If the selected patient has more than one admission or outpatient operation date, they will be listed for selection.

The deficiencies for the selected date will be displayed. If there is more than one, you will be prompted to choose. If there are none, you will be so notified.

At the "Select Action:" prompt you may enter EP (Expand Deficiency) to view additional data or DL (Delete an IRT) to delete. The deficiency chosen for deletion will now be displayed. You will need to enter "QUIT" at the "Select Action:" prompt to get to the delete prompt. If you choose to delete, the first screen will then be redisplayed with the deficiency deleted.

This option uses the List Manager utility. The List Manager is a tool designed to display a list of items. It allows you to select items from the list and perform specific actions against those items.

Incomplete Records Tracking Menu

Edit a Complete IRT

The Edit a Complete IRT option allows the editing of a **completed** IRT record. The criteria that determines if a record is complete is site specific. If the ARE REPORTS REVIEWED? IRT site parameter is set to YES, the record must be reviewed before it is considered complete. If the parameter is set to NO, the record is complete after it has been signed.

You must hold the DGJ CLERK SUPER security key to access this option.

At multidivisional facilities, you will be prompted for a division. Only those records meeting the criteria (for complete status) set for the specified division may be selected through this option.

If the TRACK OUTPATIENT OP REPORTS site parameter is set to YES, you will be prompted for whether you wish to display inpatient or outpatient deficiencies. If the selected patient has more than one admission or outpatient operation date, they will be listed for selection.

The deficiencies for the selected date will be displayed. If there is more than one, you will be prompted to choose. If the patient does not have a completed IRT record on file, you will be so notified.

At the "Select Action:" prompt you may enter EP (Expand Deficiency) to view additional data or CE (Complete IRT Edit) to edit. The deficiency chosen for editing will now be displayed. You may then select the data group(s) you wish to edit. You may not edit those fields marked by an asterisk (*). After editing, the record will be redisplayed with the newly entered values.

This option uses the List Manager utility. The List Manager is a tool designed to display a list of items. It allows you to select items from the list and perform specific actions against those items.

For the discharge summary type of report, only holders of the DGJ TS UPDATE security key will be able to edit the SPECIALTY, PRIMARY PHYSICIAN, and ATTENDING PHYSICIAN fields. The ATTENDING PHYSICIAN field will only appear if the ARE REPORTS REVIEWED? IRT site parameter is set to YES.

Incomplete Records Tracking Menu

Enter/Edit an IRT

The Enter/Edit an IRT option is used to enter a new or edit an existing **incomplete** record in the IRT tracking system. The information entered/edited through this option is controlled by the IRT parameters for the selected division.

When a patient is transferred with an ASIH (absent-sick-in-hospital) movement, the pseudo discharge date of thirty days from the ASIH movement date is stored as the event date of the original IRT record and a new IRT record is created for the ASIH admission. If the patient returns before the 30 days is up, both of the IRT records (the original admission and the ASIH admission) are updated. The event date for the ASIH IRT record will be the date the patient returns to the original facility while the event date for the original admission IRT record will be the admission date. If the patient gets discharged while ASIH less than thirty days, both records will be updated with the same discharge date.

If a patient's admission is deleted, all corresponding IRT records are deleted. If a patient is discharged and no IRT record is on file, one is created for that admission.

If the TRACK OUTPATIENT OP REPORTS IRT site parameter is set to NO, the system will not track outpatient operation reports and you will not be able to enter them through this option.

For the discharge summary type of report, only holders of the DGJ TS UPDATE security key will be able to edit the SPECIALTY, PRIMARY PHYSICIAN, and ATTENDING PHYSICIAN fields. The ATTENDING PHYSICIAN field will only appear if the ARE REPORTS REVIEWED? IRT site parameter is set to YES.

The Record Tracking fields BORROWER, PHONE/ROOM, and DATE/TIME CHARGED have been added to the record display so that users can access the patient record more easily and update deficiencies in a timely manner.

This option uses the List Manager utility. The List Manager is a tool designed to display a list of items. It allows you to select items from the list and perform specific actions against those items.

The screen displays the deficiencies by category; listing the category name and the deficiencies in that category below it. Only those deficiencies that have been activated through the Add a New/Edit Deficiency option can be selected when adding a new deficiency.

Incomplete Records Tracking Menu

Enter/Edit an IRT

Several actions may be taken against the list of deficiencies: entering a new deficiency, editing an existing incomplete deficiency, displaying all the IRT data for a selected deficiency, updating the treating specialty, jumping from one category to another, and updating the status of a deficiency to COMPLETE (except for discharge summary, interim summary, and operation report). Users holding the DGJ SUPER security key will have the ability to delete an IRT entry and edit a completed IRT entry. If the key is not held, these functions will appear in parentheses and will not be selectable. You must hold the DGJ TS UPDATE security key to make changes to treating specialty data for discharge summaries.

Incomplete Records Tracking Menu

IRT Update Std. Deficiencies

The IRT Update Std. Deficiencies option will create IRT entries for the site's standard deficiencies for those admissions that occurred within the selected date range. This option should be utilized only if the IRT Update Std. Def. Background Job option fails.

A bulletin will be sent to a specified mail group listing those patients within the chosen date range that have short form discharges (discharged within 48 hours of admission).

You must hold the DGJ SUPER security key to access this option.

Incomplete Records Tracking Menu
Print Menu
Incomplete Reports Print

The Incomplete Reports Print option is used to produce a listing of operation reports, interim summaries, and discharge summaries that are incomplete or deficient for one or more of the following reasons: undictated, not transcribed, not signed, or not reviewed. This option could be used by transcriptionists to determine which reports or summaries are incomplete and need to be completed.

At multidivisional facilities, this report will print in alphabetical order by selected division name. You will have the ability to sort this report by patient name, event date, physician name, or service/treating specialty. Within divisions, all reports will print in alphabetical order except when sorting by event date. This report will print in chronological order.

You may generate this report for inpatients, outpatients, or both. You may choose to report one/many/all deficiencies and one/many/all incomplete record statuses. The report is printed for a selected date range by event date.

The following information will be displayed on the output, as appropriate, depending on how you choose to sort the report: division, patient name and ID number, event date, discharge type, location (if an inpatient, this will be the ward, if an outpatient, this will be the requesting clinic), report/summary type and status, current borrower of the record, physician (if the IRT parameters are set to review reports and the report needs to be reviewed, the physician shown will be the attending physician; if not, the physician listed will be the one responsible for completing the delinquent IRT record), service, specialty, and the total number of days since the event date.

If you sort by physician, the report will also contain a count of incomplete reports for each physician. If you sort by service/specialty, the report will contain the number of reports for each specialty and a subtotal count of reports for each service.

The "Total Days" column is calculated from the event date to the current date for all summaries listed with a status of INCOMPLETE. For summaries with a status other than INCOMPLETE, the total days will be computed as the number of days since the last event. For example, if the status is currently SIGNED, the total days will be computed as the number of days since the summary was signed.

Incomplete Records Tracking Menu
Print Menu
Incomplete Reports Print

Also, a message may be displayed at the bottom of each page if the INCOMPLETE SUMMARIES MESSAGE IRT parameter contains an entry. This is a free text field entered through the Set up IRT Parameters option.

A division totals page is included at the end of each report. This page will show the division and the total number of delinquent reports for that division.

This report should be printed at 132 columns and queued to a printer.

Incomplete Records Tracking Menu
Print Menu
Physician Deficiency Report

The Physician Deficiency Report option is used to produce a listing of all uncompleted deficiencies for a physician, patient or service/specialty.

You will have the ability to sort this report by patient, physician name, or service/treating specialty. You may choose to report for one/many/all divisions and one/many/all deficiencies. You may generate this report for inpatients, outpatients, or both. The report is printed for a selected date range by event date.

You may choose to list/not list Summary category deficiencies on the output for those patients who have not yet been discharged.

The following information will be displayed on the output, as appropriate, depending on how you choose to sort the report: division, patient name and ID number, event date, status, physician, service/specialty, deficiency, admission date, borrower, phone and room number, and date record charged out. The last three elements are related to the Record Tracking package and specify where the patient's medical records are located.

The physician listed for the deficiency will be the physician responsible for the next action taken against this deficiency.

This report should be printed at 132 columns and queued to a printer.

Incomplete Records Tracking Menu
Print Menu
Transcription Productivity Report

The Transcription Productivity Report option allows the user to print reports which track the number of days from the event date to the record being coded. Its major sort is by physician (one/many/all) or service/treating specialty (one/many/all) and, at multidivisional facilities, divisions (one/many/all). The user may generate the report for inpatients, outpatients, or both. You may choose to print a report which includes patient lists only, a totals page only, or both patient lists and a totals page. You may choose to report one/many/all summary types. The report is printed for a selected date range by event date.

The following information will be displayed on the output, as appropriate, depending on how you choose to sort the report.

division	
patient name	
patient ID number	
event date	
physician	
service	
specialty	
dictation date	
location	for inpatients, the ward; for outpatients, the requesting clinic
type of report	discharge summary, op report, interim report
status	undictated, dictated, transcribed, signed
DIC DATE	date the record was dictated
D/C-DIC	number of days from discharge to dictation
DIC-TRN	number of days from dictation to transcription
TRN-COD	number of days from transcription to coding
TOT DAYS	total number of days from the event date to coding
DAYS DELQ	number of days the record is delinquent
DELQ>30	number of days over 30 that the record is delinquent
TOT REC	total number of records
REC DELQ	number of delinquent records
%DELQ>30	percentage of incomplete records that are delinquent over 30 days

Any record not completed in 30 days or less is considered delinquent.

Incomplete Records Tracking Menu
Print Menu
Transcription Productivity Report

If you choose to sort by service/treating specialty and print the totals page, only the service names (not the specialty names) will be listed on the report.

While the actual number of days are provided on the patient lists, the **average** days for the following categories are shown on the totals page.

D/C-DIC	DIC-TRAN
TRAN-COD	DAYS DELQ
DELQ>30	

Reports generated through this option should be printed at 132 columns and queued to a printer.

Incomplete Records Tracking Menu
Print Menu
Undictated Reports Print

The Undictated Reports Print option is used to produce a listing of operation reports, interim summaries, and discharge summaries that have not been dictated within the required time frame established through the IRT site parameters at your site. This option could be used by transcriptionists to determine which reports or summaries are incomplete and to alert physicians which reports or summaries need to be dictated.

At multidivisional facilities, this report will print in alphabetical order by selected division name. You will have the ability to sort this report by patient name, event date, physician name or service/treating specialty. Within divisions, all reports will print in alphabetical order except when sorting by event date. This report will print in chronological order.

You may generate this report for inpatients, outpatients, or both and you may choose to report one/many/all summary types. The report is printed for a selected date range by event date.

The following information will be displayed on the output, as appropriate, depending on how you choose to sort the report: division, patient name and ID number, event date, discharge type, location (if an inpatient, this will be the ward, if an outpatient, this will be the requesting clinic), current borrower of the record, report or summary type, physician (physician responsible for dictating the report), service, specialty, and the total number of days since the event date.

If you sort by physician, the report will also contain a count of undictated reports for each physician. If you sort by service/treating specialty, the report will contain the number of reports for each specialty and a subtotal count of reports for each service.

A message may be displayed at the bottom of each page if the INCOMPLETE SUMMARIES MESSAGE IRT parameter contains an entry. This is a free text field entered through the Set up IRT Parameters option.

A division totals page is included at the end of each report. This page will show the division and the total number of undictated reports for that division.

This report should be printed at 132 columns and queued to a printer.

Incomplete Records Tracking Menu

Set up IRT Parameters

The Set up IRT Parameters option is used to establish site specific parameters for the IRT module and also to activate/inactivate the IRT module. You must hold the DGJ SUPER security key to access this option.

These site parameters determine the default physician responsible for dictating and signing the summary/report, whether review by another physician is required, the default physician (if any) responsible for reviewing the summary/report, whether outpatient operation reports are tracked, the number of days a physician has to dictate, sign, and review a summary/report before it is considered incomplete, any message you wish to have appear on the bottom of each page of the Incomplete Reports List or Undictated Reports List, and if short forms (admission and discharge within 48 hours) should have standard deficiencies created for them.

Listed below is a brief explanation of each site parameter.

MEDICAL CENTER DIVISION NAME

The name or number of the division for which you wish to set the IRT parameters. The division entered at this prompt must be in the MEDICAL CENTER DIVISION file.

TRACK INCOMPLETE SUMMARIES?

Enter YES to track incomplete summaries/reports. If NO is entered, the IRT module will be inactivated and no incomplete reports or summaries will be tracked. The system will maintain the default values of all other site parameters while the module is inactivated. When the IRT module is reactivated, those defaults will become effective.

DEFAULT PRIMARY PHYSICIAN

Select PRIMARY or ATTENDING physician. Depending on the entry made, when the summary or operation report entry is created, the physician of record (PRIMARY or ATTENDING) in Bed Control will be the default physician.

ARE REPORTS REVIEWED?

Enter YES if this division requires a second physician to review the summary/report. Enter NO if review by a second physician is not necessary.

Incomplete Records Tracking Menu

Set up IRT Parameters

DEFAULT REVIEWING PHYSICIAN

This prompt will only appear if YES was entered at the previous prompt. Enter PRIMARY or ATTENDING physician. Depending on the entry made, when the summary or operation report entry is created, the physician of record (PRIMARY or ATTENDING) in Bed Control will be the default physician.

DEFAULT PHYS. FOR SIGNATURE

Select PRIMARY or ATTENDING physician. Depending on the entry made, when the summary or operation report entry is created, the physician of record (PRIMARY or ATTENDING) in Bed Control will be the default physician.

TRACK OUTPATIENT OP REPORTS?

Enter YES if you want to track outpatient operation reports at this division. Enter NO to not track outpatient reports.

DAYS FOR DICTATION

The number of days (0-99) the physician has to dictate a summary/report before it is considered incomplete.

DAYS FOR SIGNATURE

The number of days (0-99) from the date of transcription the physician has to sign the summary/report before it is considered incomplete.

DAYS FOR REVIEW

The number of days (0-99) the reviewing physician has to review the report, once it has been signed, before it is considered incomplete. This prompt will only appear if the "ARE REPORTS REVIEWED" prompt is answered YES.

INCOMPLETE SUMMARIES MESSAGE

A free text message, 1-99 characters in length, which will appear on the reports generated by the Incomplete Reports Print and Undictated Reports Print options.

STD. DEFIC. FOR SHORT FORMS

Enter YES if you wish the IRT background job to create standard deficiencies for short form discharges (discharged less than 48 hours after admission).

Incomplete Records Tracking Menu

View an IRT Record

The View an IRT Record option is used to display a patient's list of deficiencies that are currently, or were previously, incomplete. This option would be used to determine what deficiencies exist in a particular report or summary or to determine what reports or summaries for a specific patient are still incomplete.

At multidivisional facilities, you will be prompted for a division. Your selection should be the division where the report you wish to view was initiated. This is a required entry if you wish to continue in this option; however, entry of an up-arrow <^> will exit the option and return you to the menu.

You will next be prompted for the patient record and whether you would like to view inpatient or outpatient reports. If you choose inpatient, you will be prompted for the admission for which you want to view the reports.

All reports meeting the criteria you have entered will be displayed in List Manager format. You may then select to expand on one or more of the reports listed by selecting "EP Expand Deficiency". The expanded entry will show some of the following information: patient name, type of report, event date, admission date, division, location, service, physician responsible, specialty, primary physician, and attending physician. For summaries, you can also view information about when and by whom the record was dictated, transcribed, signed, and reviewed.

You may view multiple IRT records during the same session.

Inquire PTF Message

The Inquire PTF Message option is used to display PTF messages. This option has only one prompt, "Select PTF MESSAGE NUMBER". At this prompt, the user may enter the PTF message number, the patient's name, the ward of the patient whose PTF message he/she wishes to view, or double question marks (??) to obtain a list of PTF message numbers.

If a patient's name is entered who has more than one PTF message on file, the system will display a list of the message numbers and ask the user to choose the PTF message to be displayed. When the ward is entered, the system will display a list of all patients on that ward who have messages in the PTF MESSAGE file, asking for the desired patient. If double question marks (??) are entered, the system will provide a list of PTF message numbers with the associated patient name and the message date/time.

Load/Edit PTF Data

The Load/Edit PTF Data option is used to enter, edit, and view data contained in the PTF for a patient's period of hospitalization. When utilizing this option for census specific purposes, the Load/Edit PTF Data option from the Census menu should be used.

VA or non-VA (hospitalization in a private facility at VA expense) PTF records may be edited through this option; however, there are some differences between the two records. Notes #3 and #4 on at the end of this option documentation provide information regarding the non-VA PTF and should be read by users before editing non-VA PTF records.

After selecting the patient name and admission date or PTF Record Number at the start of this option, the system updates the patient's PTF. During this updating process, some PTF information is being filled in from the patient's record in the PATIENT file and from the patient's Bed Control information which corresponds to the admission date selected. This data should be verified and/or edited through the Extended Bed Control option.

The PTF data is arranged so that it may be viewed and edited through various screens. For easy viewing of the screens, this option allows you to "jump" from one screen display to another by entering an up-arrow <^> and the desired screen name. On some screens, data is grouped into sections for editing. Each section is labeled with a number to the left of the data items in reverse video. The patient's name, social security number, date of admission and the screen number appear at the top of every screen. After editing a screen, the system redisplay the screen with the changes.

"101" SCREEN

The first screen that will appear is the "101" screen. This screen contains admission and discharge information for the episode of care and basic patient demographic information. This screen will show the CENSUS STATUS field if the patient needs a census record for the current census. Much of this screen is automatically filled in from data in the PATIENT file and, for VA PTF records, from the corresponding admission record in the PATIENT file. Choose the number(s) to the left of the group of data items you wish to edit.

Load/Edit PTF Data

"MAS" SCREEN

The "MAS" screen contains patient diagnoses and information about patient movement(s), surgery(s), and procedure(s). Information for surgical episode(s) and procedure(s) must be filled in through PTF as Bed Control does not track information for these episodes. Many different actions are available to enter/edit the patient movements, surgery episodes, and procedures. These are displayed at the bottom of the "MAS" screen.

Some patient movement information is filled in from the admission record (applies to VA PTF only) including losing specialty (the specialty from which the patient is transferring). Patient movements of less than 24 hours and transfers that only involve a facility treating specialty change and not a PTF specialty change will not create a new patient movement in PTF.

It should be noted that 401P transactions (which are valid only for admissions prior to 10/1/87) allow up to five procedure codes per admission and are not stored by date. 601 transactions allow five codes per procedure date. To add/delete a procedure code for a 601 transaction, select "E".

"501" SCREEN

The "501" screen(s) contains information about the patient movement(s) listed on the "MAS" screen including the patient discharge movement. Because a "501" screen is generated for every patient movement which involves a specialty change, there may be more than one "501" screen. The screens are numbered as follows: 501-1, 501-2, 501-3, etc. Since the discharge movement is displayed on this screen, every PTF will have at least one "501" screen. (See Note #1 at the end of this option documentation for important information regarding editing leave and pass days.)

The maximum number of movements which can be transmitted is 25. If this limit is exceeded, the system will warn the user. The Set Transmit Flag on Movements option will allow the supervisor to choose which movement(s) to delete from the transmission.

Load/Edit PTF Data

If a TRANSFER DRG can be computed for a movement, it will be displayed on the applicable "501" screen. TRANSFER DRGs are generated based on codes entered when a movement between Services has occurred AND a change in the DRG has occurred. Applicable Services are Surgery, Neurology, Rehab. Medicine, Psychiatry, and Medicine. Other Services (pass through) are not applicable to TRANSFER DRGs. TRANSFER DRGs are stored in the PTF File and are used as a basis for the DRG reports. After editing, a screen is usually redisplayed with the new values. However, due to the processing time involved, TRANSFER DRGs are not updated after editing the "501" screen. They will be updated the next time the PTF is load/edited when you see the message, "Updating PTF record #" or upon exiting the option when you see the message, "Updating TRANSFER DRGs."

"401" SCREEN

The "401" screen(s) contains information for any surgical episode(s) listed on the "MAS" screen. Because there is a "401" screen for every date a surgical episode occurred, there may be more than one "401" screen. However, if there were 2 surgical episodes on the same date, they will appear on different "401" screens. The screens are numbered as follows: 401-1, 401-2, 401-3, etc. You may enter up to 5 operation codes per date. After 10-1-87, 3 surgical episodes per date are allowed. Prior to that date, only 2 episodes per date were allowed. If no surgical episodes were performed during the inpatient stay, a "401" screen will not exist for that PTF.

"601" SCREEN

The "601" screen(s) contains information for any procedures performed. Because there is a "601" screen for every date a procedure occurred during the hospitalization, there may be more than one "601" screen. The screens are numbered as follows: 601-1, 601-2, 601-3, etc. You may enter up to 5 procedures per date. If numerous procedures were performed on the same day, they are all listed on one screen. If no procedures were performed during the inpatient stay, a "601" screen will not exist for that PTF.

Load/Edit PTF Data

"CDR" SCREEN

The "CDR" screen contains information for those patient movements affecting the Cost Distribution Report. It contains information regarding those interward transfer movements that change the ward CDR for the patient but the treating specialty remains the same. The screen is for viewing only with no editing allowed. The data displayed is compiled from the system entries made through the Bed Control options. Every PTF record will have a "CDR" screen. CDR information is required for those records with a discharge date after 10/1/90. Only 501 & 535 movements after 10/1/90 are displayed.

"701" SCREEN

The user chooses the DXLS (diagnosis responsible for the major length of stay) through the "701" screen. The 702 and 703 segments which contain diagnoses 2-10 are also entered through the "701" screen. Once this is entered, the system calculates and displays the DRG based on the DXLS, ICDs 2-10 from 702-703, and operations/procedures from 401 and 601 segments. The DRG on the "701" screen is not stored in the PTF and is recalculated every time this screen is displayed. This is also the screen through which the PTF can be closed and released.

Some of the data items that can be found on the different PTF screens, with a brief description of each item, is provided at the end of this option documentation.

Four items which come from the admission record cannot be entered/edited through PTF: ADMISSION DATE, DISCHARGE DATE, DISCHARGE SPECIALTY, and TYPE OF DISPOSITION. (This data **is** editable through PTF on a non-VA PTF record.)

Four checks (edits) are performed on the PTF at the time of closing. The first review checks to see that facility number and discharge date are completed and that a DRG has been calculated.

Because the PTF cannot be closed if PTF messages are remaining, the second review checks to see that all PTF messages are cleared. The user is given the opportunity to delete any PTF messages remaining at this time.

Load/Edit PTF Data

Thirdly, the PTF is checked to see that required fields are completed and that numeric fields do not have non-numeric characters and vice versa. Any erroneous fields are listed and the user is given the opportunity to enter the correct value for the field. The PERIOD OF SERVICE field may not be edited through PTF. If this field is in error, it will be listed but will have to be edited through the Load/Edit Patient Data option in Registration.

Lastly, the record is checked for inconsistent data fields. For example, AGENT ORANGE (col 63) can only be used with PERIOD OF SERVICE - VIETNAM ERA or PERSIAN GULF WAR (Vietnam service indicator must be set to YES).

Each edit is not applied until the record has passed all preceding edits. For example, if the first two checks were passed, but not the third, the system would list the blank fields. If there were any inconsistent data fields contained in this record, these would not be displayed until all the blank values were completed.

Additional edit checks have been added with V. 5.3. If the record does not pass these checks, a List Manager screen will appear displaying the inconsistencies for viewing only. The error listing resembles the EAL report from Austin. These inconsistencies cannot be corrected through the List Manager screen. You may use the up-arrow <^> to drop out of List Manager and return to Load/Edit.

The system updates the TRANSFER DRGs at exiting the option for open records and at close out on the "701" screen (for VA PTF records only). This is done so that any DRG reports subsequently run which include that PTF record will contain current TRANSFER DRGs based on what has been coded.

Load/Edit PTF Data

- 1) Leave and Pass days of a patient movement may be edited through Bed Control or through the PTF "501" screens. However, NO corresponding change will be made to the admission record of edits made on these fields through PTF only. Because an open PTF will be updated to match the admission record when the PTF is selected again, any leave/pass day changes made only through PTF will be lost. To ensure that these changes to the PTF are not lost, the PTF can be closed after editing. Closed PTF records are not updated by the system. If the PTF is not closed at the end of the editing session, leave/pass day changes must be made to the admission record through the appropriate Bed Control option.

For consistency of the data, leave/pass days should be edited ONLY through Bed Control.

- 2) During the verification process that is performed when the user selects to close the PTF, error messages may be displayed and any required fields that are in error or incomplete will be listed.

Following are messages that may be displayed to indicate that the PTF cannot be closed as is.

<u>MESSAGE</u>	<u>ACTION</u>
"Unable to close without a discharge date."	Enter discharge date through Bed Control
"Unable to close without a DRG being calculated."	Enter DXLS on "701" screen
"Not all messages have been cleared up for the patient-- cannot close."	Checkoff remaining PTF messages

Load/Edit PTF Data

- 3) Differences between the VA PTF and the non-VA PTF are explained below.

- there is no corresponding admission record for the non-VA PTF...

An admission record is created upon admission to a VA medical center. Since the non-VA PTF only applies to admissions to private facilities, there is no admission record for non-VA PTF.

- automatic updating does not occur on the non-VA PTF...

Since the automatic updating matches the PTF with the associated admission record and there is no associated admission record for the non-VA PTF, it cannot be updated. All data on the non-VA PTF is entered by the system from the PATIENT file or entered by the user during the load/edit process. However, updating will occur for demographic information.

- discharge information is entered directly during load/edit process on the non-VA PTF...

Discharge information is retrieved for the VA PTF from the admission record and cannot be edited through PTF. Since there is no admission record for the non-VA PTF, the discharge information is entered by the user through the Load/Edit PTF Data option.

- 4) Two edit options that are different on the non-VA PTF "MAS" screen are:

- 'M' - used to add a patient movement

- 'X' - used to delete a patient movement

Other edit options are the same as on the VA PTF "MAS" screen.

- 5) The system will fill in the facility field, if blank. If this is done, the facility name will be displayed after the PTF record is selected. If there are no treating specialty transfers for the selected record, the system will display a message at this time stating same.

Load/Edit PTF Data

The following is included to give a further explanation of the fields (data items) that constitute the Patient Treatment File. It lists some of the data items that can be edited through the different PTF screens and a brief description of each item. A description of the data elements contained on the CDR screen is also provided.

SCREEN	FIELD NAME OR PROMPT	DESCRIPTION
"101"	FACILITY	Facility number where patient was admitted
	SUFFIX	Suffix of admitting facility
	SOURCE OF ADMISSION	Source of this patient admission; from SOURCE OF ADMISSION file
	SOURCE OF PAYMENT	For patients treated at non-VA hospitals at VA expense; from set of codes
	TRANSFERRING FACILITY	VA facility from which the patient was transferred
	TRANSFERRING SUFFIX	Suffix of transferring facility
	CATEGORY OF BENEFICIARY	Code that indicates the patient's status from CATEGORY OF BENEFICIARY file
	ENTER THE ELIGIBILITY FOR THIS ADMISSION	For patients with dual eligibility, the eligibility associated with the admission
	MARITAL STATUS	Patient's marital status
	RACE	Patient's race
	SEX	Patient's sex
	DATE OF BIRTH	Patient's date of birth
	SPINAL CORD INJURY	Code that indicates if this patient sustained a spinal cord injury and, if so, what type

Load/Edit PTF Data

SCREEN	FIELD NAME OR PROMPT	DESCRIPTION
"101"	VIETNAM SERVICE INDICATED?	YES/NO - Did patient serve in Vietnam?
	AGENT ORANGE EXPOS. INDICATED	YES/NO/UNKNOWN - Was patient exposed to Agent Orange?
	RADIATION EXPOSURE INDICATED	YES/NO/UNKNOWN - Was patient exposed to radiation?
	MST INDICATED	YES/NO/UNKNOWN/DECLINED TO ANSWER - Was the patient a victim of Military Sexual Trauma?
	POW STATUS INDICATED	YES/NO - Was patient ever a prisoner of war?
	POW CONFINEMENT LOCATION	War in which patient was a prisoner of war
	STATE	Patient's state of residence
	COUNTY	Patient's county of residence
	ZIP+4	Patient's zip code, 5 or 9 digits
	PLACE OF DISPOSITION	Where patient is going upon discharge from this hospital episode; from the PLACE OF DISPOSITION file
	OUTPATIENT TREATMENT	YES/NO - Will patient receive outpatient care after discharge?
	VA AUSPICES	YES/NO - Will VA pay for continued medical care for this patient after discharge?
	C&P STATUS	Code that indicates the Compensation and Pension status of patient; from set of codes
	RECEIVING FACILITY	Facility number of VA medical care center to which patient is transferring for further medical care
	RECEIVING SUFFIX	Suffix of receiving facility
	MEANS TEST	Means Test Indicator

Load/Edit PTF Data

SCREEN	FIELD NAME OR PROMPT	DESCRIPTION
"101"	ASIH DAYS	For nursing home or domiciliary patients, number of days patient was absent due to admission to a hospital
"MAS"	SPECIALTY TRANSFER DATE	Date patient is admitted to the treating specialty
	FACILITY TREATING SPECIALTY	Treating specialty patient moved to
	PRIMARY CARE PHYSICIAN	Provider responsible for patient's care; from the PROVIDER file
"501-#"	LEAVE DAYS	Number of days patient was on leave (an absence of more than 96 hours but not more than 14 days) from a specialty during that patient movement
	PASS DAYS	Number of days patient was on pass (an absence of less than 96 hours) from a specialty during that patient movement
	ICD 1	ICD-9-CM Diagnosis code of diagnosis that is responsible for patient's greatest length of stay on a specialty; (for each specialty patient was admitted to during this period of hospitalization)
	ICD 2-5	ICD-9-CM Diagnosis code of second, third, ..., fifth diagnoses responsible for patient's stay on a specialty
	TREATED FOR SC/AO/ IR/EC CONDITION	Was this treatment for a service-connected condition or as a result of exposure to Agent Orange, ionizing radiation or environmental contaminants? These will appear as separate prompts.
"401-#"	SURGERY/PROCEDURE DATE	Date of this patient's surgery episode(s), if any; from set of codes

Load/Edit PTF Data

SCREEN	FIELD NAME OR PROMPT	DESCRIPTION
"401-#"	SURGICAL SPECIALTY	Code of the surgical specialty associated with the chief surgeon for each surgery episode; from the SURGICAL SPECIALTY file
	CATEGORY OF CHIEF SURGEON	Code that indicates the category of the chief surgeon for patient's surgical episode(s); from set of codes
	CATEGORY OF FIRST ASSISTANT	Code that indicates the category of the first assistant for patient's surgical episode(s); from set of codes
	PRINCIPAL ANESTHETIC TECHNIQUE	Code that indicates the major type of anesthetic technique of patient's surgical episode(s); from set of codes
	OPERATION CODE 1-5	Operation code(s) of patient's surgical episode(s); up to five operation codes allowed per each surgical episode; from ICD OPERATION/PROCEDURE file
"601-#"	SOURCE OF PAY	Source of payment for patients operated on in a non-VA facility and returned to a VA facility within a 24 hour period
	PROCEDURE DATE	Date procedure performed
	DIALYSIS TYPE	Number or description of dialysis type
"701"	PROCEDURE CODE 1-5	ICD Procedure Code Number for first, fifth procedure
	DXLS	ICD-9-CM code of diagnosis responsible for patient's greatest length of stay for this hospital episode
	ICD 2-10	ICD-9-CM code of second, third, ..., tenth diagnoses for this patient's episode of care

Load/Edit PTF Data

CDR Screen Data Fields

LOSING DATE	Date of patient movement off ward, treating specialty or both
REC TYPE	Transaction type (501 or 535)
WARD/DRG	Ward patient moving from/DRG associated with the treating specialty assigned to the losing ward
LOSING WARD CDR/SPEC	Specialty assigned to losing ward
PTF CDR/SPEC	Losing PTF CDR specialty assigned to patient
LEAVE	Number of days patient was on leave (an absence of more than 96 hours but not more than 14 days) from a specialty during that patient movement
PASS	Number of days patient was on pass (an absence of less than 96 hours) from a specialty during that patient movement
LOS	Length of stay (elapsed time (-) leave and pass days) on the losing ward or, for the 501, length of stay while being treated for the specialty

**National Patient Care Database
Transmission Reports
PIMS Events Transmitted Yesterday**

This option is used to generate a report of all PIMS events that were transmitted to the National Patient Care Database yesterday.

The Austin Automation Center (AAC) will be sending daily reports to the medical centers listing what transmissions they have received. The medical center can then use this report to verify that the number sent was the same as that received by the AAC.

The only prompt is for a device.

National Patient Care Database
Transmission Reports
PIMS Events Transmitted for Date Range

This option is used to generate a report of all PIMS events transmitted to the NPCD for a selected date range. If this option has been previously utilized, the last date range that was selected will be displayed.

The Austin Automation Center (AAC) will be sending monthly reports to the medical centers listing what transmissions they have received. The medical center can then use this report to verify that the number they sent was the same as that received by the AAC.

National Patient Care Database
Transmission Utilities
Retransmit Patient Demographics

This option is used to retransmit demographic data for a selected patient.

The Austin Automation Center (AAC) will be sending reports to the medical centers listing rejects. For rejects that pertain to a patient's demographic data, the medical center can use this option to resend the data to the AAC.

There exists a background job scheduled to run periodically throughout the day that builds HL7 demographic messages. This background job will generate this HL7 message during its next run.

The Transmission Utilities Menu is locked with the DG PTFTRANS security key.

National Patient Care Database
Transmission Utilities
Retransmit Admission Data

This option is used to retransmit admission data/history for a selected patient and admission. This data includes admission, discharge, and all transfers. Only patients with an admission on file can be selected.

The Austin Automation Center (AAC) will be sending daily reports to the medical centers listing what transmissions they have received. The medical center can compare this with their G&L to verify that all admissions, discharges, and transfers had been received. This option would be used to reconcile any discrepancies that may be found.

The display begins with a default date range of T-45 through today. You may change the date range; however, it may not exceed 366 days. The display lists all admissions for the selected patient that occurred in the given timeframe. If you select a new patient, the currently selected timeframe will be used.

The Transmission Utilities Menu is locked with the DG PTFTRANS security key.

National Patient Care Database
Transmission Utilities
Retransmit Entry in ADT/HL7 PIVOT File

This option is used to retransmit an entry in the ADT/HL7 PIVOT file (#391.71).
Entries can be selected by date of event, pivot number, or patient name.

Event Types may include the following.

Inpatient Events	Admission (does not store individual transfers and discharges)
Updates to Data	Demographic changes
Registration Events	Registration
Treating Facility Updates	Treating facility transfer/update

The Transmission Utilities Menu is locked with the DG PTFTRANS security key.

Open Closed PTF Record

The Open Closed PTF Record option is used to reactivate PTF records that have been closed but not released or transmitted. It sometimes becomes necessary to change or correct the codes in a CLOSED PTF record. Changes cannot be made until the record is reopened. Upon reopening, the corresponding PTF entry in the PTF CLOSE OUT file is deleted.

Only holders of the security key DG PTFREL may access this option.

Open Released or Transmitted PTF Records

The Open Released or Transmitted PTF Records option is used to reopen released or transmitted PTF records. The PTF records with a status of RELEASED have been closed and are awaiting transmission to Austin. The records with a status of TRANSMITTED have been electronically sent to the Austin Automation Center.

It may be necessary to change or correct the codes in a particular record. Changes cannot be made to a released or transmitted record until it is reopened. Upon reopening, the corresponding PTF entries in the PTF CLOSE OUT file and in the PTF RELEASE file are deleted. The Load/Edit PTF Data option may be used to reopen a closed record but not one that has been released or transmitted. Use of the Load/Edit PTF Data option requires security key DG PTFREL.

Although it is possible to open a transmitted record through this option, it is preferable to use the 099 Transmission option to accomplish this. The use of the 099 option deletes the master record in Austin while use of this option does not.

Only holders of the security key DG PTFTRANS may access this option.

You will be prompted for the PTF record to open. You may enter the patient's name or PTF record number at this prompt.

PTF Output Menu

Admissions without an Associated PTF Record

The Admissions without an Associated PTF Record option provides a listing of admission records from Bed Control that have no corresponding PTF record. This happens either because the admission occurred in an earlier ADT version which did not automatically generate PTF records for hospital admissions (as is presently done), or the PTF record was deleted.

The report is sorted sequentially by discharge date. The user may select all admissions without an associated PTF record or a discharge date range may be selected. It should be noted that depending upon the number of admissions without PTF records and the size of your database, this report could be time-consuming if a discharge date range is not specified. You may choose to queue the report to print during off-hours.

Patient name, patient ID#, admission date and discharge date are shown for each admission listed. Admission and discharge times may also be shown.

You will be prompted for a date range and device.

PTF Output Menu

CDR Inquiry

This option allows you to view the Cost Distribution Report (CDR) information related to a particular PTF record. The information displayed is the same as that shown on the CDR Screen of the Load/Edit PTF Record option. If the PTF record for the selected patient is not closed, the PTF record is automatically updated using the latest specialty and ward movement information.

The CDR display contains information for those patient movements affecting the Cost Distribution Report. The display is for viewing only with no editing allowed. The data displayed is compiled by the system from activities made through the Bed Control options. The CDR information will begin with the first 501 or 535 movement to occur after 10/1/90. If the discharge date is prior to 10/1/90, the following statement will appear on the CDR screen: "CDR information not required for this admission."

Below is a list of the data fields displayed and a brief description of each.

LOSING DATE	Date of patient movement off ward, treating specialty or both
REC TYPE	Transaction type
WARD/DRG	Ward patient is moving from and the DRG associated with the treating specialty assigned to the losing ward
LOSING WARD CDR/SPEC	Treating specialty assigned to losing ward
PTF CDR/SPEC	Losing PTF CDR specialty assigned to patient
LEAVE	Number of days patient was on leave (an absence of more than 96 hours but not more than 14 days) from a specialty during that patient movement
PASS	Number of days patient was on pass (an absence of less than 96 hours) from a specialty during that patient movement
LOS (LENGTH OF STAR)	Length of stay on the losing ward or, for the 501, length of stay while being treated for the specialty

PTF Output Menu

Comprehensive Report by Admission

The Comprehensive Report by Admission option provides a way to view the information contained in the PTF records in the PTF screen format.

The PTF records are selected by patient name. You may choose to view the records of a single patient or a range of patients alphabetically by full name (last name first). A range of admission dates may then be specified with further breakdown by PTF status. If you wish to include all statuses, accept the default. Individual statuses must be selected by number: Open = 0, Closed = 1, Released = 2, and Transmitted = 3.

Information provided for each record may include race, sex, date of birth, marital status, date of discharge, type of discharge, discharge bedsection, C&P (compensation and pension) status, ASIH (absent-sick-in-hospital) days, leave days, pass days, surgical procedures, surgical specialty, anesthesia technique, etc. PERIOD OF SERV field will appear as CAT OF BEN for discharges before 10/1/90.

If you wish to view a single patient's records, you may prefer to use the Inquire PTF Record option of the PTF Output Menu.

Depending upon the size of your database and the ranges selected, this report could be quite time-consuming. You may wish to run the report during off-hours.

PTF Output Menu

Diagnostic Code PTF Record Search

The Diagnostic Code PTF Record Search option is used to search for occurrences of specified diagnostic codes in the PTF Records. Only holders of security key DG PTFSUP may access this option.

The search may be performed for matches of a specific diagnostic code(s) or for matches within a range of diagnostic codes. You may select to have this report totaled by either the number of matching diagnostic codes found (ICD count) or the number of PTF records containing matches. You may further select to have the report sorted by any field(s) within the PTF File (in their entirety or within a specified range). If you wish to sort the report by number, but also have it broken down further by other fields, you must type in the word NUMBER or N at the "SORT BY: NUMBER/" prompt rather than entering <RET> to accept the default.

Depending upon the number of fields specified and/or whether ranges are specified for those fields, you may have the opportunity to store the search format in a sort template for later retrieval.

The actual appearance of the output may vary depending upon the user specifications; however, the following will be shown for each PTF Record in which a match is found.

- Patient Name
- Admission Date
- Ward at Discharge
- Social Security Number
- Discharge Date
- PTF Number
- Sequential Number of Code in the patient movement (i.e., "ICD 3" - matched code is the third code listed in the patient movement)
- Date of patient movement corresponding to matched code
- Diagnostic Code Number matched
- DXLS - displayed where primary diagnosis is same as matched diagnostic code
- Number of matches found (either ICD count or PTF records)

Depending upon the size of your database and your particular report specifications, the printing of this report may be quite time consuming. You may wish to queue the report to run during off-hours.

PTF Output Menu

DRG Information Report

The DRG Information Report option is used to generate a report displaying the Diagnosis Related Group (DRG) for a patient based on that patient's diagnoses and any operations/procedures performed. The DRG is calculated for each entered diagnosis code, determining what the DRG would be if each of the secondary diagnosis codes was treated as the DXLS (diagnosis responsible for major portion of patient's stay).

The following is a list of those items that are computed and displayed for the DRG.

Avg len of stay - The VA national length of stay for the DRG.

Weight - The weighted work unit (WWU) value assigned to the DRG.

Low day(s) - The VA low trim point day for the assigned DRG.

High days - The VA high trim point day for the assigned DRG.

Local Breakeven - The day on which actual cost of care equals the estimated allocation for the assigned DRG for the individual medical center.

Local low day(s) - The low trim point day established by the individual medical center for the assigned DRG.

Local High days - The high trim point day established by the individual medical center for the assigned DRG.

The data may be calculated for VA or non-VA patients. The system does not store the DRG compiled for each patient. It is recalculated each time this option is utilized.

PTF Output Menu
DRG Reports Menu
ALOS Report for DRGs

The ALOS Report for DRGs option provides a listing of DRG of DRG totals by average length of stay. The report shows how the facility's length of stays for the various DRGs compare to the national average length of stay. National ALOS values from the DRG file are according to the fiscal year of the report's ending date.

This report can be run for active admissions or discharged patients within a specified date range. If you choose to run the report for active admissions, your site must be doing concurrent coding. For discharged patients, it can be run for DRGs from the 701/702/703 transactions or Transfer DRGs. Transfer DRGs are generated when a patient moves from one service to another, with a change in DRG. The transfers are based on patient movements in PTF, not on physical interward transfers. When determining Transfer DRGs, the surgical episodes are applied to the appropriate service based on the date of surgery. Since no date is associated with non-operating room procedures before 10-1-87, the procedures are applied to all services. After 10-1-87, non-OR procedures will be applied to the appropriate service only. If the report is run for active admissions, Transfer DRGs are always used. Further breakout by DRG for medical center only, Service only, or both DRG for medical center and Service can be selected. Service breakdown is further divided into specialty.

When a transfer occurs, and the patient has been on more than one specialty within the service, codes are taken in the following order: from last specialty, from next-to-last specialty, from next-next-to-last specialty, etc., back fifteen codes. Codes and length of stay on pass-through services are ignored for Transfer DRGs.

The provisional discharge DRG for an inpatient is based on the DXLS (diagnosis mainly responsible for length of stay). If this field is blank, it is based on the first code of the discharge 501. Secondary codes come from the 501s. At discharge, if you run the ALOS Report for DRGs based on Transfer DRGs, the discharge Transfer DRG is calculated from the discharge 501.

If you run the report based on DRG only, the discharge DRG is based on the DXLS with secondary diagnoses from the 702/703.

PTF Output Menu
DRG Reports Menu
ALOS Report for DRGs

The following information is shown for each DRG listed: low and high trim points, the national average length of stay, the weighted work unit (WWU) value, facility breakeven day, total discharges, total length of stay, and average length of stay per discharge. These totals are broken down to show each value for below average length of stay and above average length of stay. "Discharges" in this report does not always mean discharged from the hospital. A patient gets counted in the total number of discharges when the patient is either discharged from the hospital with that DRG or when a service transfer or discharge occurs which generates that Transfer DRG. The total WWU and estimated reimbursement dollar amount is then listed.

A cover page and table of contents page is provided for each breakout in this report including specialty. Due to the processing sequence, the table of contents is printed last. You may wish to insert this page in your report following the cover page.

A breakeven day is the day on which actual cost of care equals the estimated allocation. Facility breakeven days are not arrived at by a standard equation but by an equation which may be different at each site. The Medical Center breakeven days, as well as the Service breakeven days, may be entered in the facility's DRG file for each DRG through the Enter Breakeven Days option. The Facility Breakeven column in this report will be blank if the site has not entered breakeven days.

The total length of stay is computed as total days less pass days and leave days. If the user selects to base the report on Transfer DRGs, the length of stay is the length of stay on the service. Otherwise, the length of stay is the cumulative length of stay for the hospitalization.

PTF Output Menu
DRG Reports Menu
ALOS Report for DRGs

The total weighted work unit (WWU) amount for each DRG is computed in the report as follows.

- total number of discharges
- (-) the number of 1 day stay discharges
- (-) the number of low outlier discharges
- (=) total number of discharges within trim
- (x) WWU for that DRG
- (=) total WWU within trim
- (+) high outlier days (x) high outlier WWU
- (+) 1 day stays (x) 1 day stay WWU
- (+) low outlier days per stay (/) low trim pt (x) WWU
- (=) TOTAL WWU

High outlier days = days above high trim not to exceed 365. Days above 365 are called Census Days and are not included in this report.

Low outlier days = days below low trim.

High outlier WWU = high outlier cost per day divided by the dollar amount per WWU.

1 day stay WWU = cost for 1 day stay divided by the dollar amount per WWU.

The high outlier cost per day, the cost for 1 day length of stay, and the dollar amount per WWU are assigned amounts at the beginning of each fiscal year and are stored in the MAS PARAMETERS file. The report is based on the fiscal year values for that fiscal year which contains the report-ending date.

The option can generate up to nine separate ALOS Reports depending on the user's selection. Only holders of security key DG PTFSUP may access this option.

PTF Output Menu
DRG Reports Menu
ALOS Report for DRGs

If you enter dates contained in a fiscal year for which the RAM costs and/or DRG Weights/Trims have not been entered, the following message will appear.

"RAM COSTS and/or DRG WEIGHTS/TRIMS are not entered for Fiscal Year {year}. PROCESSING CANNOT BE DONE FOR SELECTED TIME FRAME. The following RAM values must be entered in your MAS PARAMETERS File for whatever fiscal year you select: \$ PER WWU; COST FOR 1 DAY LOS; HIGH OUTLIER COST PER DAY. DRG fy weights and trims must be entered in your DRG File."

This report is designed to run with a right margin setting of 132. Depending on the date range selected and the number of records for that range, this report can be quite lengthy. You may choose to queue the report to run during off hours.

PTF Output Menu
DRG Reports Menu
Batch Multiple DRG Reports

The Batch Multiple DRG Reports option allows the user to batch process the following DRG Reports: Trim Point Report, DRG Frequency Report, Breakeven by DRG Report, and ALOS for DRGs. A single report, any combination of reports, or all four reports may be selected for batch processing through this option.

The pre-processing performed by the computer for each of these DRG Reports is the same. Considerable computer processing time is saved when the reports are batch processed instead of run individually as the pre-processing is performed only once for all the selected reports.

These reports can be run for active admissions or discharged patients within a specified date range. If you choose to run these reports for active admissions, your site must be doing concurrent coding. For discharged patients, they can be run for DRGs from the 701/702/703 transactions or Transfer DRGs. Transfer DRGs are generated when a patient moves from one service to another, with a change in DRG. The transfers are based on patient movements in PTF, not on physical interward transfers. When determining Transfer DRGs, the surgical episodes are applied to the appropriate service based on the date of surgery. Since no date is associated with non-operating room procedures before 10-1-87, the procedures are applied to all services. After 10-1-87, non-OR procedures will be applied to the appropriate service only. If the reports are run for active admissions, Transfer DRGs are always used. Further breakout by DRG for medical center only, Service only, or both DRG for medical center and Service can be selected. Service breakdown is further divided into specialty.

When a transfer occurs, and the patient has been on more than one specialty within the service, codes are taken in the following order: from last specialty, from next-to-last specialty, etc., back fifteen codes. Codes and length of stay on pass-through services are ignored for Transfer DRGs.

The provisional discharge DRG for an inpatient is based on the DXLS (diagnosis mainly responsible for length of stay). If the DXLS is blank, it is based on the first code of the discharge 501. Secondary codes come from the 501s. At discharge, if you run the Batch Multiple DRG Reports based on Transfer DRGs, the discharge Transfer DRG is calculated from the discharge 501. If you run the report based on DRG only, the discharge DRG is based on the DXLS with secondary diagnoses from the 702/703.

PTF Output Menu
DRG Reports Menu
Batch Multiple DRG Reports

A cover page and table of contents page is provided for each breakout in this report including specialty. Due to the processing sequence, the table of contents is printed last. You may wish to insert this page in your report following the cover page.

If the ending date selected for the report does not fall into the current fiscal year, the report will be based on fiscal year values according to the ending report date fiscal year. This affects several of the values used in the report such as low/high trims, WWU, \$ per WWU, cost for 1 day length of stay, and high outlier cost per day.

If you enter dates contained in a fiscal year for which the RAM costs and/or DRG Weights/Trims have not been entered, the following message will appear.

"RAM COSTS and/or DRG WEIGHTS/TRIMS are not entered for Fiscal Year {year}. PROCESSING CANNOT BE DONE FOR SELECTED TIME FRAME. The following RAM values must be entered in your MAS PARAMETERS File for whatever fiscal year you select: \$ PER WWU; COST FOR 1 DAY LOS; HIGH OUTLIER COST PER DAY. DRG FY weights and trims must be entered in your DRG File."

These reports are designed to run with a right margin setting of 132. Depending on the date range selected and the number of records for that range, these reports can be quite lengthy. You may choose to queue the report to run during off hours.

Only holders of security key DG PTFSUP may access this option.

PTF Output Menu
DRG Reports Menu
Breakeven by DRG Reports

The Breakeven by DRG Reports option shows how the facility's lengths of stay for the various DRGs compare with the facility's breakeven days for each DRG. The report is based on the facility breakeven data as entered for each DRG in the facility's DRG file. The breakeven fields in your file are based on fiscal year and quarter. Breakeven days may be broken down for each DRG by service or may be the same for all services. If breakeven days are entered by service, the bottom line totals shown on the report by service and by specialty will not be the same as the totals given for the medical center.

This report can be run for active admissions or discharged patients within a specified date range. If you choose to run these reports for active admissions, your site must be doing concurrent coding. For discharged patients, it can be run for DRGs from the 701/702/703 transactions or Transfer DRGs. Transfer DRGs are generated when a patient moves from one service to another, with a change in DRG. The transfers are based on patient movements in PTF, not on physical interward transfers. When determining Transfer DRGs, the surgical episodes are applied to the appropriate service based on the date of surgery. Since no date is associated with non-operating room procedures before 10-1-87, the procedures are applied to all services. After 10-1-87, non-OR procedures will be applied to the appropriate service only. If the report is run for active admissions, Transfer DRGs are always used. Further break-out by DRG for medical center only, Service only, or both DRG for medical center and Service can be selected. Service breakdown is further divided into specialty.

When a transfer occurs, and the patient has been on more than one specialty within the service, codes are taken in the following order: from last specialty, from next-to-last specialty, etc., back fifteen codes. Codes and length of stay on pass-through services are ignored for Transfer DRGs.

The provisional discharge DRG for an inpatient is based on the DXLS (diagnosis mainly responsible for length of stay). If the DXLS is blank, it is based on the first code of the discharge 501. Secondary codes come from the 501s. At discharge, if you run the Breakeven by DRG Reports based on Transfer DRGs, the discharge Transfer DRG is calculated from the discharge 501. If you run the report based on DRG only, the discharge DRG is based on the DXLS with secondary diagnoses from the 702/703.

PTF Output Menu
DRG Reports Menu
Breakeven by DRG Reports

The following information is shown for each DRG listed; low and high trim points, the national average length of stay, the weighted work unit (WWU) value, facility breakeven day, total discharges, total length of stay, and average length of stay per discharge. The totals are broken down to show the total discharges, total length of stay, and average length of stay below breakeven and above breakeven.

"Discharges" in this report does not always mean discharged from the hospital. A patient gets counted in the total number of discharges when the patient is either discharged from the hospital with that DRG or when a service transfer or discharge occurs which generates that Transfer DRG. The total WWU and estimated reimbursement dollar amount is then listed.

A cover page and table of contents page is provided for each breakout in this report including specialty. Due to the processing sequence, the table of contents is printed last. You may wish to insert this page in your report following the cover page.

A breakeven day is the day on which actual cost of care equals the estimated allocation. Facility breakeven days are not arrived at by a standard equation but by an equation which may be different at each site.

The Medical Center breakeven days, as well as the Service breakeven days, may be entered in the facility's DRG file for each DRG through the Enter Breakeven Days option. The Facility Breakeven column in this report will be blank if the site has not entered breakeven days.

The total length of stay is computed as total days less pass days and leave days. If the user selects to base the report on Transfer DRGs, the length of stay is the length of stay on the service.

Otherwise, the length of stay is the cumulative length of stay for the hospitalization.

PTF Output Menu
DRG Reports Menu
Breakeven by DRG Reports

The total weighted work unit (WWU) amount for each DRG is computed in the report as follows.

- total number of discharges
- (-) the number of 1 day stay discharges
- (-) the number of low outlier discharges
- (=) total number of discharges within trim
- (x) WWU for that DRG
- (=) total WWU within trim
- (+) high outlier days (x) high outlier WWU
- (+) 1 day stays (x) 1 day stay WWU
- (+) low outlier days per stay (/) low trim pt (x) WWU
- (=) TOTAL WWU

High outlier days = days above high trim not to exceed 365. Days above 365 are called Census Days and are not included in this report.

Low outlier days = days below low trim.

High outlier WWU = high outlier cost per day divided by the dollar amount per WWU.

1 day stay WWU = cost for 1 day stay divided by the dollar amount per WWU.

The high outlier cost per day, the cost for 1 day length of stay, and the dollar amount per WWU are assigned amounts at the beginning of each fiscal year and are stored in the MAS PARAMETERS file. The report is based on the fiscal year values for that fiscal year which contains the report-ending date.

The option can generate up to nine separate Breakeven by DRG Reports depending on the user's selection. Only holders of security key DG PTFSUP may access this option.

If the breakeven data is not entered in your DRG file, this report will run but the data will be incomplete and inaccurate.

PTF Output Menu
DRG Reports Menu
Breakeven by DRG Reports

If you enter dates contained in a fiscal year for which the RAM costs and/or DRG Weights/Trims have not been entered, the following message will appear.

"RAM COSTS and/or DRG WEIGHTS/TRIMS are not entered for Fiscal Year {year}. PROCESSING CANNOT BE DONE FOR SELECTED TIME FRAME. The following RAM values must be entered in your MAS PARAMETERS File for whatever fiscal year you select: \$ PER WWU; COST FOR 1 DAY LOS; HIGH OUTLIER COST PER DAY. DRG fy weights and trims must be entered in your DRG File."

This report is designed to run with a right margin setting of 132. Depending on the date range selected and the number of records for that range, this report can be quite lengthy. You may choose to queue the report to run during off hours.

PTF Output Menu
DRG Reports Menu
DRG Frequency Report

The DRG Frequency Report option shows the frequency with which patients are grouped into various DRGs. The report is sorted by DRG frequency, beginning with the most frequently occurring DRG.

This report can be run for active admissions or discharged patients within a specified date range. If you choose to run this report for active admissions, your site must be doing concurrent coding. For discharged patients, it can be run for DRGs from the 701/702/703 transactions or Transfer DRGs. Transfer DRGs are generated when a patient moves from one service to another with a change in DRG. The transfers are based on patient movements in PTF, not on physical interward transfers. When determining Transfer DRGs, the surgical episodes are applied to the appropriate service based on the date of surgery. Since no date is associated with non-operating room procedures before 10-1-87, the procedures are applied to all services. After 10-1-87, non-OR procedures will be applied to the appropriate service only. If the report is run for active admissions, Transfer DRGs are always used. Further breakout by DRG for medical center only, Service only, or both DRG for medical center and Service can be selected. Service breakdown is further divided into specialty.

When a transfer occurs, and the patient has been on more than one specialty within the service, codes are taken in the following order: from last specialty, from next-to-last specialty, etc., back fifteen codes. Codes and length of stay on pass-through services are ignored for Transfer DRGs.

The provisional discharge DRG for an inpatient is based on the DXLS (diagnosis mainly responsible for length of stay). If the DXLS is blank, it is based on the first code of the discharge 501. Secondary codes come from the 501s. At discharge, if you run the DRG Frequency Report based on Transfer DRGs, the discharge Transfer DRG is calculated from the discharge 501. If you run the report based on DRG only, the discharge DRG is based on the DXLS with secondary diagnoses from the 702/703. The following information is shown for each DRG listed: low and high trim points, the national average length of stay, weighted work unit (WWU) value, facility breakeven day, total 1 day stays, total number of discharges, total length of stay, and average length of stay per discharge. "Discharges" in this report does not always mean discharged from the hospital. A patient gets counted in the total number of discharges when either discharged from the hospital with that DRG or when a service transfer or discharge occurs which generates that Transfer DRG. The total WWU and estimated reimbursement dollar amount is then listed.

PTF Output Menu
DRG Reports Menu
DRG Frequency Report

A cover page and table of contents page is provided for each breakout in this report including specialty. Due to the processing sequence, the table of contents is printed last. You may wish to insert this page in your report following the cover page.

A breakeven day is the day on which actual cost of care equals the estimated allocation. Facility breakeven days are not arrived at by a standard equation but by an equation which may be different at each site. The Medical Center breakeven days, as well as the Service breakeven days, may be entered in the facility's DRG file for each DRG through the Enter Breakeven Days option. The Facility Breakeven column in this report will be blank if the site has not entered breakeven days.

The total length of stay is computed as total days less pass days and leave days. If the user selects to base the report on Transfer DRGs, the length of stay is the length of stay on the service. Otherwise, the length of stay is the cumulative length of stay for the hospitalization. The total weighted work unit (WWU) amount for each DRG is computed in the report as follows.

- total number of discharges
- (-) the number of 1 day stay discharges
- (-) the number of low outlier discharges
- (=) total number of discharges within trim
- (x) WWU for that DRG
- (=) total WWU within trim
- (+) high outlier days (x) high outlier WWU
- (+) 1 day stays (x) 1 day stay WWU
- (+) low outlier days per stay (/) low trim pt (x) WWU
- (=) TOTAL WWU

High outlier days = days above high trim not to exceed 365. Days above 365 are called Census Days and are not included in this report.

Low outlier days = days below low trim.

High outlier WWU = high outlier cost per day divided by the dollar amount per WWU.

1 day stay WWU = cost for 1 day stay divided by the dollar amount per WWU.

PTF Output Menu
DRG Reports Menu
DRG Frequency Report

The high outlier cost per day, the cost for 1 day length of stay, and the dollar amount per WWU are assigned amounts at the beginning of each fiscal year and are stored in the MAS PARAMETERS file. The report is based on the fiscal year values for that fiscal year which contains the report-ending date.

The option can generate up to nine separate DRG Frequency Reports depending on the user's selection. Only holders of security key DG PTFSUP may access this option.

If you enter dates contained in a fiscal year for which the RAM costs and/or DRG Weights/Trims have not been entered, a message will appear explaining how processing must be done.

This report is designed to run with a right margin setting of 132. Depending on the date range selected and the number of records for that range, this report can be quite lengthy. You may choose to queue the report to run during off hours.

PTF Output Menu
DRG Reports Menu
DRG Index Report

The DRG Index Report option allows the user to generate a report which sorts and lists patient names according to their DRG. The report is sorted in DRG order and further sorted by patient name or terminal digit order. One DRG, a range of DRGs, or all DRGs may be selected for inclusion. All PTF statuses may be included or any one status chosen.

The report can be run for active admissions or discharged patients within a specified date range. If you choose to run the report for active admissions, your site must be doing concurrent coding. For discharged patients, it can be run for DRGs from the 701/702/703 transactions or Transfer DRGs. Transfer DRGs are generated when a patient moves from one service to another, with a change in DRG. The transfers are based on patient movements in PTF, not on physical interward transfers. When determining Transfer DRGs, the surgical episodes are applied to the appropriate service based on the date of surgery. Since no date is associated with non-operating room procedures before 10-1-87, the procedures are applied to all services. After 10-1-87, non-OR procedures will be applied to the appropriate service only. If the report is run for active admissions, Transfer DRGs are always used.

When a transfer occurs, and the patient has been on more than one specialty within the service, codes are taken in the following order: from last specialty, from next-to-last specialty, from next-next-to-last specialty, etc., back fifteen codes. Codes and length or stay on pass-through services are ignored for Transfer DRGs.

The provisional discharge DRG for an inpatient is based on the DXLS (diagnosis mainly responsible for length of stay). If the DXLS is blank, it is based on the first code of the discharge 501. Secondary codes come from the 501s. At discharge, if you run the DRG Index Report based on Transfer DRGS, the discharge Transfer DRG is calculated from the discharge 501. If you run the report based on DRG only, the discharge DRG is based on the DXLS with secondary diagnoses from the 702/703.

PTF Output Menu
DRG Reports Menu
DRG Index Report

The following information from the DRG file is given for every DRG included in the report for which there is a hit.

- weight
- low/high trim values
- DRG description
- average length of stay value - based on fiscal year (National)
- breakeven days - based on fiscal year and quarter according to the fiscal year and quarter of the report's ending date and, optionally, on service (Local)

For each patient listed, the following information is provided: social security number, admission and discharge date, transfer date (if applicable), length of stay, breakeven day, PTF status, transferring provider, and losing specialty. A flags column ("FLGS") is shown on the report. The indicators in this column are described on the bottom of each applicable page in the report along with the total number in each category.

Two columns on the report take on a different meaning depending on whether or not Transfer DRGs are included when running the report.

Column Name	Transfer DRGs included in report	Transfer DRGs not included
TRANSFER DATE	A date in this column indicates that this DRG is based on a PTF Service Transfer. A line in this column indicates that the DRG is based on the last or current service and codes.	This column will always contain a line through it, indicating it is not applicable.
LOS	LOS is based on time in last or current service. (LOS always excludes leave and pass days)	LOS is based on entire hospitalization.

PTF Output Menu
DRG Reports Menu
DRG Index Report

The following totals are given for every DRG included in the report for which there is a hit.

- Total - total hits for that DRG
- Total unique patients - A patient may group into the same DRG more than once. Unique is determined according to social security number.

A summary page follows the main report showing the total hits for each DRG included in the report. Following the summary page, a list will be provided (if applicable) showing any PTF records for which a DRG could not be computed due to codes not being entered either for the entire stay or for a particular movement; however, the option provides the capability to suppress processing of this list so that it will not be printed.

A cover page and table of contents page are provided. Due to the processing sequence, the table of contents is printed last. You may wish to insert this page in your report following the cover page.

This option can generate up to three separate DRG Patient Index Reports depending on the user's selection. Only holders of security key DG PTFSUP may access this option.

Depending on the date range selected and the number of records for that range, this report can be quite lengthy. You may choose to queue the report to run during off hours.

PTF Output Menu
DRG Reports Menu
Trim Point DRG Report

The Trim Point DRG Report option provides a listing of DRG totals by trim points; below trim, within trim, and above trim. Trim points represent an expected length of stay range. The values are calculated from VA data and are based upon the length of stay distribution for each DRG category.

This report can be run for active admissions or discharged patients within a specified date range. If you choose to run the report for active admissions, your site must be doing concurrent coding. For discharged patients, it can be run for DRGs from the 701/702/703 transactions or Transfer DRGs. Transfer DRGs are generated when a patient moves from one service to another, with a change in DRG. The transfers are based on patient movements in PTF, not on physical interward transfers. When determining Transfer DRGs, the surgical episodes are applied to the appropriate service based on the date of surgery. Since no date is associated with non-operating room procedures before 10-1-87, the procedures are applied to all services. After 10-1-87, non-OR procedures will be applied to the appropriate service only. If the report is run for active admissions, Transfer DRGs are always used. Further breakout by DRG for medical center only, Service only, or both DRG for medical center and Service can be selected. Service breakdown is further divided into specialty.

When a transfer occurs, and the patient has been on more than one specialty within the service, codes are taken in the following order: from last specialty, from next-to-last specialty, etc., back fifteen codes. Codes and length of stay on pass-through services are ignored for Transfer DRGs.

The provisional discharge DRG for an inpatient is based on the DXLS (diagnosis mainly responsible for length of stay). If the DXLS is blank, it is based on the first code of the discharge 501. Secondary codes come from the 501s. At discharge, if you run the Trim Point DRG Report based on Transfer DRGs, the discharge Transfer DRG is calculated from the discharge 501. If you run the report based on DRGs only, the discharge DRG is based on the DXLS with secondary diagnoses from the 702/703.

PTF Output Menu
DRG Reports Menu
Trim Point DRG Report

The following information is shown for each DRG listed: low and high trim points, the national average length of stay, the weighted work unit (WWU) value, facility breakeven day, number of discharges below trim point, number of discharges and total length of stay within trim points, number of discharges above trim point, days above trim, and total length of stay above trim. "Discharges" in this report does not always mean discharged from the hospital. A patient gets counted in the total number of discharges when the patient is either discharged from the hospital with that DRG or when a service transfer or discharge occurs which generates that Transfer DRG. The totals for each DRG are then given - discharges, length of stay, weighted work unit and estimated reimbursement dollar amount. The estimated reimbursement is computed by multiplying the total WWU amount by the dollar amount per WWU. A grand total line is also displayed.

A cover page and table of contents page are provided for each breakout in this report including specialty. Due to the processing sequence, the table of contents is printed last. You may wish to insert this page in your report following the cover page.

A breakeven day is the day on which actual cost of care equals the estimated allocation. Facility breakeven days are not arrived at by a standard equation but by an equation which may be different at each site. The Medical Center breakeven days, as well as the Service breakeven days, may be entered in the facility's DRG file for each DRG through the Enter Breakeven Days option. The Facility Breakeven column in this report will be blank if the site has not entered breakeven days.

The total length of stay is computed as total days less pass days and leave days. If the user selects to base the report on Transfer DRGs, the length of stay is the length of stay on the service. Otherwise, the length of stay is the cumulative length of stay for the hospitalization.

PTF Output Menu
DRG Reports Menu
Trim Point DRG Report

The total weighted work unit (WWU) amount for each DRG is computed in the report as follows.

- total number of discharges
- (-) the number of 1 day stay discharges
- (-) the number of low outlier discharges
- (=) total number of discharges within trim
- (x) WWU for that DRG
- (=) total WWU within trim
- (+) high outlier days (x) high outlier WWU
- (+) 1 day stays (x) 1 day stay WWU
- (+) low outlier days per stay (/) low trim pt (x) WWU
- (=) TOTAL WWU

High outlier days = days above high trim not to exceed 365. Days above 365 are called Census Days and are not included in this report.

Low outlier days = days below low trim.

High outlier WWU = high outlier cost per day divided by the dollar amount per WWU.

1 day stay WWU = cost for 1 day stay divided by the dollar amount per WWU.

The high outlier cost per day, the cost for 1 day length of stay, and the dollar amount per WWU are assigned amounts at the beginning of each fiscal year and are stored in the MAS PARAMETERS file. The report is based on the fiscal year values for that fiscal year which contains the report-ending date.

This option can generate up to nine separate Trim Point Reports depending on the user's selection. Only holders of security key DG PTFSUP may access this option.

If you enter dates contained in a fiscal year for which the RAM costs and/or DRG Weights/Trims have not been entered, the following message will appear.

PTF Output Menu
DRG Reports Menu
Trim Point DRG Report

"RAM COSTS and/or DRG WEIGHTS/TRIMS are not entered for Fiscal Year {year}. PROCESSING CANNOT BE DONE FOR SELECTED TIME FRAME. The following RAM values must be entered in your MAS PARAMETERS File for whatever fiscal year you select: \$ PER WWU; COST FOR 1 DAY LOS; HIGH OUTLIER COST PER DAY. DRG fy weights and trims must be entered in your DRG File."

This report is designed to run with a right margin setting of 132. Depending on the date range selected and the number of records for that range, this report can be quite lengthy. You may choose to queue the report to run during off hours.

PTF Output Menu

Inquire PTF Record

The Inquire PTF Record option is used to view the information contained in a patient's PTF records. The records are selected by patient name and, if there are multiple admissions for that patient, by admission. The user may select several different patients' records for viewing at one time through this option.

Information provided in the display may include marital status, race, date of birth, admitting eligibility, admission date, discharge date, discharge specialty, type of discharge, ASIH (absent-sick-in-hospital) days, PTF status, date of surgery, anesthesia technique, chief surgeon and surgical procedure (if any), pass days, source of pay, etc. The display will also include exposure to Agent Orange and Ionizing Radiation and MST information. The display will show the census status field if the patient needs a census record for the current census. PERIOD OF SERV field will appear as CAT OF BEN for discharges before 10-1-90.

PTF Output Menu

Listing of Records by Completion Status

This option produces a report of PTF records by status - CLOSED, RELEASED, or TRANSMITTED. Records in an OPEN status are not included.

The report may be run for all completion statuses or a single status. A completion status date range or discharge date range may be specified. If you wish to begin the report with the first date, but not sort to the last applicable date, you must specify the actual date at the "START WITH ... DATE: FIRST//" prompt rather than entering a <RET> to accept the default.

For each status, all applicable PTF records within the specified date range will be listed. The following will be provided for each PTF record.

- Patient Name and SSN
- Discharge Date
- # of Patient Movements
- # of Surgical Episodes
- Name of individual who closed the record and date closed.
- Name of individual who released the record and date released, if applicable.

Depending upon the size of your database and your individual report specifications, you may wish to queue the report to run during off-hours.

The total number of PTF Records, patient movements, and surgical episodes will be computed and displayed at the conclusion of the report. The mean number of patient movements and surgical episodes will also be computed and displayed. If the report is run for all statuses, this information is provided for each status as well as for the total report.

PTF Output Menu

Means Test Indicator of 'U' Report

The Means Test Indicator of 'U' Report option is used to list PTF records, within a specified date range, for which the Means Test is not done or not completed. The system searches every PTF record for each patient in the date range selected for a Means Test indicator of 'U'. It then determines, by looking at the patient record in the PATIENT file, if the indicator should still be 'U'. If so, these patients are listed on the report. If not, the system updates the Means Test indicator to the appropriate value in the PTF record and these patients will not appear on this report.

The user may choose to run the report for either a discharge date range or admission date range. The report can be sorted by patient last name or terminal digit (social security number). Information provided includes patient name and social security number, PTF number, and applicable date of test. This date is the Means Test date that is used to determine the Means Test indicator, as it may be possible to have more than one Means Test date for a single admission.

The system looks for the closest Means Test date previous to the discharge date for the applicable date of test. If there is no discharge date, it will search for the closest test date previous to the admission date. If no test date is found, the date shown on the report in the applicable date of test column will be the admission date if admission date range is chosen and the discharge date if discharge date range is chosen. These dates are signified on the report by a double asterisk (**).

If there are no PTF records with a Means Test indicator of 'U' in the date range selected, the following message will appear and the system will return to the menu.

"No PTF records with Means Test Indicators of 'U' within (discharge/admission) date range selected"

PTF Output Menu

Open PTF Record Listing

The Open PTF Record Listing option provides a list of PTF records with an OPEN status for discharged patients. The report is sorted sequentially by discharge date. You may select a range of discharge dates, or you can begin the report with the first discharge date having an open PTF record and sort to the last.

The output provides patient name and social security number, admission and discharge dates (times may also be shown), PTF #, and discharge specialty for each PTF record listed, if applicable. Psychiatry discharges will be shown as either Acute Psychiatry (less than 45 days) or Long Term Psychiatry (greater than 45 days). A count of the total number of PTF records listed on the report is also provided.

This report may be quite lengthy depending upon the date range selected and size of your database. You may choose to queue the report to run during off-hours.

You will be prompted for a date range and device.

PTF Output Menu

Patient Summary by Admission

The Patient Summary by Admission option is used to generate a list of a patient's movements, surgeries, and procedures from the PTF record for a selected admission. The date, description, and code number is provided for each action displayed. The losing specialty is listed for each movement. The output may be run to include up to 20 PTF records. Both VA and non-VA (Fee Basis) PTF records may be selected.

The following data items are shown for each record: patient name, social security number, eligibility and eligibility status, discharge provider, admission date, discharge date, PTF record number, and total LOS (length of stay) including pass but excluding leave days. Fee Basis records are so indicated and the length of stay for these records appears as the last line of the report. The discharge provider is not shown for Fee Basis records.

You will be prompted for the PTF patient record(s) and a device. The PTF record number or patient name may be entered.

PTF Output Menu

Productivity Report by Clerk

The Productivity Report by Clerk option provides a report of the PTF records processed by each coding clerk. The report pertains only to those PTF records which have a status of CLOSED or RELEASED. It may be run for all close out or release dates or a specified range. The user can select to run the report to show the records of all coding clerks or selected clerks. Only holders of the security key DG PTFSUP may access this option.

The report is sorted alphabetically by coding clerks' last name. The following information will be listed for each PTF record listed on the report.

- Patient Name and SSN
- Discharge Date
- Number of Patient Movements (#PM)
- Number of Surgical Episodes (#Surg)
- Name of individual who closed/released the record and close out/release date

The system computes and displays the following for each coding clerk.

- Subtotals indicating the number of patient movements and surgical episodes
- Subcount indicating the number of records coded
- Submean indicating the average number of patient movements and surgical episodes per record

Grand total amounts are displayed at the end of the report.

PTF Output Menu

Surgical Code PTF Record Search

The Surgical Code PTF Record Search option is used to search for occurrences of specified surgical codes in the PTF Records. Only holders of security key DG PTFSUP may access this option.

The search may be performed for matches of a specific surgical code(s) or for matches within a range of surgical codes. You may select to have this report totaled by either the number of matching surgical codes found (ICD count) or the number of PTF records containing matches. You may further select to have the report sorted by any field(s) within the PTF file (in their entirety or within a specified range). If you wish to sort the report by number, but also have it broken down further by other fields, you must type in the word NUMBER (or "N") at the "SORT BY: NUMBER// prompt rather than entering <RET> to accept the default.

Depending upon the number of fields specified and/or whether ranges are specified for those fields, you may have the opportunity to store the search format in a sort template for later retrieval.

The actual appearance of the output may vary depending upon the user specifications; however, the following will be shown for each PTF Record in which a match is found.

- Patient Name
- Social Security Number
- Admission Date
- Discharge Date
- Ward at Discharge
- PTF Number
- Sequential Number of procedure/surgery in segment (i.e. "Op Co. 2" - the second procedure/surgery listed in the procedure/surgery segment)
- Date on which surgery took place (procedure dates are not displayed)
- Surgical Code Number matched
- Number of matches found (ICD count or PTF records)

Depending upon the size of your database and your particular report specifications, the printing of this report may be quite time consuming. You may wish to queue the report to run during off-hours.

PTF Output Menu

Transmitted Records List

The Transmitted Records List option is used to obtain a list of all transmitted records for a specified date range. The report is designed to correspond with the Edit Analysis List (EAL) generated by the Austin Automation Center, Austin, Texas. The output and the EAL may be compared to insure that all PTF records that have a status of TRANSMITTED have actually been received at Austin.

The listing is in entire social security number order. Information provided includes social security number, admission date, facility/suffix number, patient name, PTF #, discharge date, person who released record, and release and transmission dates.

The output is divided such that null suffixes and active suffixes within the Psychiatric Medical Center Station type (A0, A1, A2, or A3) are listed together. All other suffixes are grouped together and will be printed on a separate page. The total number of transmitted records for each grouping is also provided.

The output must be generated at a margin width of 132 columns.

PTF Output Menu

Unreleased PTF Record Output

The Unreleased PTF Record Output option provides a listing of PTF records with the status of CLOSED. These records have not been released for transmission to Austin.

The report is sorted sequentially by close out date. The user may specify a range of close out dates or may begin the report with the first close out date for which there is an unreleased PTF record and end with the last. Depending on the date range selected and the size of your database, you may choose to queue this report to print during off-hours.

Information provided for each PTF record includes patient name and social security number, admission and discharge date, close out date, and name of clerk who closed the record. A count of the number of records listed is given at the end of the report.

PTF Transmission

The PTF Transmission option is used to electronically transmit released PTF records to certain domains. The domains are locations set up to receive the transmissions. Most sites will only transmit to one domain, the Austin Automation Center. However, it is possible to transmit data to more than one domain at the same time.

The records are selected for transmittal by release date. The user may choose a single date or a range of dates.

The system will list the patient names and admission dates of the released PTF records that fall within the date range selected. For records that have passed the validity check, the system will display the word "Okay" and the record will be transmitted. For those records that do not pass the validity check, the system will list the invalid fields showing the transaction type number which contains that field, field name, column number and value. The record will be automatically reopened and will NOT be transmitted. Corresponding entries in the PTF CLOSE OUT and PTF RELEASE files are deleted. The user must use the Load/Edit PTF Data option to correct or complete the invalid fields and close the record.

Electronic MailMan messages are generated through the use of this option. The sender will receive these messages in his/her IN basket. On invalid records, the message shows the PTF record number and patient name and states that the record has been reopened. On valid records, the message shows how the data was actually sent to Austin. A "Q"uery at this message will provide the MailMan transmission status (i.e., AWAITING TRANSMISSION, SENT) of the message and the message number.

The third MailMan message generated is a summary sent only to the user who utilized the option. It shows the run date, the release date range selected, the total number of PTF records transmitted, and the local message ID number(s) for comparison to Austin's confirmation message.

There may be more than one MailMan message per transmission. The total length of any one MailMan message that the PTF module transmits to Austin is about 150 lines. If every PTF record sent had 3 lines in it, for example, a new MailMan message would be created every 50 records with its own local message ID number.

PTF Transmission

A transmit flag allows transmission to be enabled/disabled for each domain. If the transmit flags for all receiving users for the PTF domains are turned off at your facility, the following message will be displayed upon entering the option and you will be returned to the menu.

"Transmission is turned OFF for receiving domains in TRANSMISSION ROUTERS file"

Only holders of the security key DG PTFTRANS may access this option.

Quick Load/Edit PTF Data

The Quick Load/Edit PTF Data option is used to enter/edit data contained in the 101, 701, 501, 401, and 601 transactions in list format (rather than screen format) which allows for faster editing.

VA or non-VA (hospitalization in a private facility at VA expense) PTF records may be edited. Only PTF records with a status of OPEN may be selected. Note #1 found at the end of this option documentation, provides information regarding the non-VA PTF and should be read by users before editing non-VA PTF records.

After selecting the patient name and admission date or PTF record number for VA PTF records, the system automatically updates the patient's PTF. A delay occurs while the record is being updated. During this updating process, some PTF information is being filled in from the patient's record in the PATIENT file and from the patient's Bed Control information which corresponds to the admission date selected.

The editing in this option is broken down into four segments as follows.

1st segment	101 and 701 transaction data
2nd segment	501 transaction data
3rd segment	401 transaction data
4th segment	601 transaction data

"101" and "701" Transactions

These transactions contain admission and discharge information for the episode of care and basic patient demographic information. Much of this data is automatically filled in from data in the PATIENT file and, for VA PTF records, from the corresponding admission record in the PATIENT file. DXLS (the diagnosis responsible for the major length of stay) and secondary diagnoses are also contained here.

"501" Transaction

The "501" transaction allows you to edit information concerning patient movements such as movement date, losing bedsection, leave days, pass days, and ICD codes; however, on a VA PTF record, you may only edit the ICD codes. The patient movements must be more than 24 hours apart and involve a specialty change to be counted.

Quick Load/Edit PTF Data

"401" Transaction

This transaction allows you to edit information for surgical episodes. Data may include surgery/procedure date, surgical specialty, category of chief surgeon, category of first assistant, principal anesthetic technique, source of payment, and operation codes. You may enter up to 5 operation codes per surgical episode. For discharges prior to 10-1-87, only 2 episodes per date were allowed. For discharges after 10-1-87, 3 surgical episodes per date are allowed.

"601" Transaction

This transaction allows editing of data pertaining to procedures performed. Existing procedures may be edited or new procedures may be added. You may enter up to 5 procedure codes per date. If receiving dialysis, data pertaining to the dialysis type and number of treatments per procedure date will be contained in this transaction.

The "101" and "701" transaction data displayed consists of fields from both the PATIENT file and the PTF file. The fields that are indented in this segment are PATIENT file fields. The option allows you to "jump" from one prompt to another by entering an up-arrow <^> and the first few letters of the desired prompt; however, this can only be done between prompts for fields in the same file.

Five items which come from the admission record cannot be entered/edited through this option: ADMISSION DATE, DISCHARGE DATE, DISCHARGE SPECIALTY, TYPE OF DISPOSITION, and MEANS TEST INDICATOR; however, this data can be edited through this option on a non-VA PTF record (except for ADMISSION DATE). The ADMISSION DATE for a non-VA PTF record can be edited through the PTF option, Load/Edit PTF Data.

Transfer DRGs are updated on VA PTF records when this option is exited in order that any DRG reports subsequently run which include that PTF record will contain current Transfer DRGs based on what has been coded.

A description of most of the fields found in the different PTF transactions is provided at the end of this option documentation.

Quick Load/Edit PTF Data

1) Differences between the VA PTF and the non-VA PTF are explained below.

- there is no corresponding admission record for the non-VA PTF...

An admission record is created upon admission to a VA medical center. Since the non-VA PTF only applies to admissions to private facilities, there is no admission record for non-VA PTF.

- automatic updating does not occur on the non-VA PTF...

Since the automatic updating matches the PTF with the associated admission record and there is no associated admission record for the non-VA PTF, it cannot be updated. All data on the non-VA PTF is entered by the system from the PATIENT file or entered by the user during the load/edit process. However, updating will occur for demographic information.

- discharge information is entered directly during load/edit process on the non-VA PTF...

Discharge information is retrieved for the VA PTF from the admission record and cannot be edited through PTF. Since there is no admission record for the non-VA PTF, the discharge information is entered by the user through the Load/Edit PTF Data option.

2) If at the "Select 401 SURGERY DATE" prompt or the "Select PROCEDURE" prompt, you enter a date which is before the admission or after the discharge date, the following appropriate message will appear and the prompt will be repeated.

"Not after discharge ??"

"Not before admission ??"

Quick Load/Edit PTF Data

SCREEN	FIELD NAME/ TITLE OF PROMPT	DESCRIPTION
"101" & "701"	FACILITY	Facility number where patient was admitted.
	SUFFIX	Suffix of admitting facility
	SOURCE OF ADMISSION	Source of this patient admission; from SOURCE OF ADMISSION file
	SOURCE OF PAYMENT	For patients treated at non-VA hospitals at VA expense; from set of codes
	TRANSFERRING FACILITY	VA facility from which the patient was transferred
	TRANSFERRING SUFFIX	Suffix of transferring facility
	ENTER THE ELIGIBILITY FOR THIS ADMISSION	For patients with dual eligibility, the eligibility associated with the admission
	SPINAL CORD INJURY	Code which indicates if this patient sustained a spinal cord injury and, if so, what type
	DATE OF BIRTH	Patient's date of birth
	AGENT ORANGE EXPOS. INDICATED	Was patient exposed to Agent Orange? Yes/No/Unknown
	RADIATION EXPOSURE METHOD	How was patient exposed to radiation? Hiroshima-Nagasaki /Nuclear Testing/Both
	RELATED TO MST	Was this treatment related to Military Sexual Trauma? YES/NO/UNKNOWN/DECLINED TO ANSWER (This will only be prompted if the patient's MST Status is YES).
	POW CONFINEMENT LOCATION	War in which patient was a prisoner of war
	MEANS TEST INDICATOR	Represents patient's Means Test status

Quick Load/Edit PTF Data

SCREEN	FIELD NAME/ TITLE OF PROMPT	DESCRIPTION
"101" & "701"	DISCHARGE SPECIALTY	Specialty from which patient was discharged
	ZIP+4	5 or 9 digit zip code
	TYPE OF DISPOSITION	Disposition type for this patient for this episode of care (i.e., Regular, Transfer, Irregular)
	DISCHARGE STATUS	Status of patient at time of discharge (i.e., On pass, Bed occupant)
	PLACE OF DISPOSITION	Where patient is going upon discharge from this hospital episode; from the PLACE OF DISPOSITION file
	OUTPATIENT TREATMENT	Will patient receive outpatient care after discharge? Yes/No
	VA AUSPICES	Will VA pay for continued medical care for this patient after discharge? Yes/No
	RECEIVING FACILITY	Facility number of VA medical center to which patient is being transferred
	RECEIVING SUFFIX	Suffix of receiving facility
	C&P STATUS	Code that indicates the Compensation and Pension status of patient; from set of codes
	ASIH DAYS	For nursing home or domiciliary patients, number of days patient was absent due to admission to a hospital
	DXLS	ICD-9-CM diagnosis code responsible for patient's major length of stay for this hospital episode; from ICD DIAGNOSIS file. Used for DRG calculation.

Quick Load/Edit PTF Data

SCREEN	FIELD NAME/ TITLE OF PROMPT	DESCRIPTION
"101" & "701"	PRINCIPAL DIAGNOSIS	Diagnosis responsible for patient being admitted to the medical center for this episode of care; from ICD DIAGNOSIS file
	ICD 2-10	ICD-9-CM code of second, third..., tenth diagnoses for this patient; from ICD DIAGNOSIS file
"501"	MOVEMENT DATE	Date of patient movement - movements must be more than 24 hours apart and involve a specialty change to be counted
	LOSING SPECIALTY	Name of specialty patient left in this patient movement
	LEAVE DAYS	Number of days patient was on leave (an absence of more than 96 hours but not more than 14 days) from a specialty during this patient movement
	PASS DAYS	Number of days patient was on pass (an absence of less than 96 hours) from a specialty during this patient movement
	TREATED FOR SC/IR/ AO/EC CONDITION	Indicates whether or not treatment was for a service-connected condition, related to ionizing radiation exposure, or Agent Orange exposure. These will appear as separate prompts.
	ICD 1	ICD-9-CM diagnosis code responsible for patient's major length of stay on a specialty; from ICD DIAGNOSIS file
	ICD 2-5	ICD-9-CM diagnosis code of second, third..., fifth diagnoses responsible for patient's stay on a specialty; from ICD DIAGNOSIS file

Quick Load/Edit PTF Data

SCREEN	FIELD NAME/ TITLE OF PROMPT	DESCRIPTION
"401"	SURGICAL SPECIALTY	Surgical specialty code associated with the chief surgeon for each surgery episode; from the SURGICAL SPECIALTY file
	CATEGORY OF CHIEF SURGEON	Code indicating the category of the chief surgeon for patient's surgical episode(s); from set of codes
	CATEGORY OF FIRST ASSISTANT	Code indicating the category of the first surgical assistant for patient's surgical episode(s); from set of codes
	PRINCIPAL ANESTHETIC TECHNIQUE	Code indicating the major type of anesthetic method used for patient's surgical episode(s); from set of codes
	SOURCE OF PAYMENT	Source of payment for patients operated on in a non-VA facility and returned to a VA facility within a 24 hour period
"601"	OPERATION CODE 1-5	Operation code(s) of patient's surgical episode(s); up to five operation codes allowed per each surgical episode; from ICD OPERATION/PROCEDURE file
	DIALYSIS	If receiving dialysis, the type of dialysis the patient is receiving
	NUMBER OF DIALYSIS TREATMENTS	Number of dialysis treatments which occurred on the selected procedure date
	PROCEDURE CODE 1-5	Procedure code(s) for selected procedure date; up to five procedure codes allowed per procedure date; from ICD OPERATION/PROCEDURE file

Release PTF Records for Transmission

The Release PTF Records for Transmission option is used to update the status of PTF records which have been CLOSED by Health Information Management Section to RELEASED status. This status indicates the records are complete for transmittal to Austin. The data from the released PTF record is electronically sent to the Austin Automation Center where it is used to compute the Diagnostic Related Groups (DRGs) for resource allocation to the hospital.

This option does not do the actual transmission of data to Austin. It creates an entry for the PTF record in the PTF RELEASE file where it is stored for later transmission through the VADATS PTF Transmission option.

Only holders of security key DG PTFREL may access this option.

You will be prompted for the PTF record you wish to release. You may enter double question marks (??) at the prompt for a list of PTF records with a CLOSED status.

Set Up Non-VA PTF Record

This option is used to create a PTF for a veteran being treated at VA expense in a private facility. The user may enter only those patients who are already established in the PATIENT file. The system creates the new PTF and enters information from the PATIENT file into the PTF. To set up a non-VA PTF record for a patient who is not in the PATIENT file, the user must first use the Registration Menu option, Register a Patient, to establish the patient in the PATIENT file and then utilize this option.

A PTF record profile is displayed for the selected patient. This contains the PTF#, status, and admission date for the patient's last 15 PTF records.

Once the non-VA PTF is created for the patient, the "101" screen is displayed. Information may be entered and edited on this and the other PTF screens as described in the Load/Edit PTF Data option documentation.

It should be noted that the PTF information entered through this option does not affect Bed Control files.

Update DRG Information Menu

Enter Breakeven Days

The Enter Breakeven Days option is used to enter a facility's local breakeven days for each DRG. A breakeven day is the day on which actual cost of care equals the estimated allocation for that DRG.

The breakeven days may be entered for the fiscal year or for each quarter of the fiscal year. One value can be entered for the entire medical center or a value can be entered for each individual service applicable to Transfer DRGs.

The option requires the breakeven days for the DRG be entered before the actual DRG number is specified. This is designed such that if there is more than one DRG with the same breakeven day values, the actual values only need to be keyed in once and can then be copied into the DRG file for all applicable DRGs.

The breakeven days entered here will appear on the PTF DRG outputs and screen displays.

Only holders of security key DG PTFSUP may access this option.

Update DRG Information Menu

Enter/Edit RAM Costs for Fiscal Year

The Enter/Edit RAM Costs for Fiscal Year option is used to enter or edit the RAM (Resource Allocation Methodology) costs for a particular fiscal year. This methodology was developed to support VA policy to respond to patient medical care requirements by making resource distributions through the use of measurable outcome.

The values entered through this option are dollar value per weighted work unit, cost for a 1 day length of stay, and cost per day for days above the high trim point (called high outlier days). These values are stored in your MAS PARAMETERS file and will be used in computing the DRG Reports.

Only holders of security key DG PTFSUP may access this option.

Update DRG Information Menu

Move Trim Values

Trim point values are entered into the system through the Trim Point Entry option and are stored in the DRG file in the appropriate fiscal year WEIGHTS/ TRIMS multiple. This allows the user to enter the local values before the fiscal year actually begins. At the beginning of the fiscal year, these values are to replace the current values at the upper level of the DRG file. The Move Trim Values option is used to update this upper level of the DRG file with the DRG values previously entered for the fiscal year. The upper level values are the ones that are used for display purposes, such as on the <701> screen and in the DRG Calculation option.

The user may choose to copy all FY values or local FY and prior FY national values. ALL should be chosen if the local **and national** values have already been entered into your DRG file for the selected fiscal year. The following are copied to the upper level of the DRG file when ALL is selected.

National Weighted Work Units (WWU)
National Average Length of Stay (ALOS)
National High and Low Trim Points
Local High and Low Trim Points

LOCAL should be chosen if the **national** values are not available or have not been entered into your DRG file for the selected fiscal year. This will allow the previous fiscal year's national values to be used until the actual national values are in place. When LOCAL is selected, the following occurs:

- a) Local current High and Low Trim Points are copied from the appropriate fiscal year multiple to the upper level of your DRG file.
- b) The National WWU, ALOS, and National High and Low Trim Points are copied from the previous fiscal year's multiple to the selected fiscal year's multiple for processing of the DRG Reports.

Only holders of security key DG PTFSUP may access this option.

Update DRG Information Menu

Purge Breakeven Data for a Fiscal Year

The Purge Breakeven Data for a Fiscal Year option is used to delete a facility's local breakeven days data for a previous fiscal year. Breakeven data for every DRG will be deleted for the selected fiscal year from your DRG file. Before the system starts the purge process, it reminds the user that the PTF DRG outputs cannot be run for this time frame if the breakeven data for this fiscal year is deleted.

Only holders of security key DG PTFSUP may access this option.

Update DRG Information Menu Trim Point Entry

The Trim Point Entry option is used to enter local trim points for DRGs into the DRG file for a specified fiscal year. Trim points represent an expected length of stay range. The values are calculated from VA data and are based upon the length of stay distributions for each DRG category. VA national trim points are determined by VA Central Office and are distributed each fiscal year. Local trim points are established by each facility each fiscal year.

Values entered through this option are stored in the DRG file in the appropriate fiscal year WEIGHTS/ TRIMS multiple. This allows you to enter your local values before the fiscal year actually begins. At the beginning of the fiscal year, these values are to replace the current values at the upper level of the DRG file. This is accomplished through the Move Trim Values option of the Update DRG Information Menu. The Move Trim Values option will automatically update the upper level of the DRG file with the local trim point values you previously entered through this option for the fiscal year. Values from the upper level are displayed on the 701 Screen and in the DRG Calculation option.

For informational purposes, the option displays the national DRG Values for each DRG selected. This includes weighted work unit, low trim days, high trim days, and average length of stay.

Only holders of the security key DG PTFSUP may access this option.

Update DRG Information Menu

Update Transfer DRGs for Current FY

The Update Transfer DRGs for Current FY option is used to update/recalculate the Transfer DRGs for all PTF records that were active anytime in the current fiscal year. This process does not apply to non-VA PTF (Fee Basis) records.

You should run this option after the installation of a new DRG Grouper.

The line "TRANSFER DRG update in progress...on PTF # {number}" will appear once for every 300 PTF records updated.

Utility Menu

099 Transmission

The 099 Transmission option is used to delete the master record at the Austin Automation Center by electronically transmitting a 099 record. For non free-form transmissions, use of this option deletes the entire master record in Austin and changes the PTF status of the record at the local facility from TRANSMITTED to OPEN. Upon reopening, the corresponding PTF entries in the PTF CLOSE OUT file and in the PTF RELEASE file are deleted. Once this record is edited and closed again, the entire record can then be retransmitted to the AAC.

A free-form 099 transaction may also be sent through this option. This would be used to delete a master record in Austin where the SSN or admission date had been entered incorrectly or a pseudo social security number had been used and you now have the correct number.

Electronic MailMan messages are generated through the use of this option. The sender will receive these messages in his/her IN basket. The first message shows how the data was actually sent. A "Q"uery at this message will provide the status of the message and the message number. This number can be checked against the message number in the response from Austin to aid in matching up messages with the correct response. The second message is the response from Austin showing that the data was received or not received and the reason why. This is sent to members of the PTT mail group.

Only holders of security key DG PTFTRANS may access this option. You may not utilize this option while other records are being transmitted.

Utilizing this option creates an entry in the PTF Transaction Request Log. You may generate this log through the Print Special Transaction Request Log option, Utility Menu, PTF Menu.

A transmit flag allows transmission to be enabled/disabled for receiving users and their mail router domains (locations set up to receive the transmissions). If disabled for all receiving users, the following message will be displayed.

"Transmission is turned OFF for receiving domains in TRANSMISSION ROUTERS file
Cannot transmit code sheet!"

Utility Menu

Record Print-Out (RPO)

The Record Print-Out (RPO) option is used to generate a record print-out request to the Austin Automation Center. You may request a print-out of a specific admission (N150) or a print-out of all admissions for a selected patient at a selected VA medical center (N151). With this functionality, medical center personnel may obtain specific medical information on a patient from another part of the country who is at their facility temporarily.

The date/time of admission and admission facility number/suffix cannot be filled in for the 151 transaction.

Electronic MailMan messages are generated through the use of this option. The sender will receive these messages in his/her IN basket. The first message shows how the data was actually sent. A "Q"uery at this message will provide the status of the message and the message number. This number can be checked against the message number in the response from Austin to aid in matching up messages with the correct response. The second message is the response from Austin showing that the data was received or not received and the reason why. This is sent to members of the PTT mail group.

Utilizing this option creates an entry in the PTF Transaction Request Log. You may generate this log through the Print Special Transaction Request Log option, Utility Menu, PTF Menu.

A transmit flag allows transmission to be enabled/disabled for receiving users and their mail router domains (locations set up to receive the transmissions). If disabled for all receiving users, the following message will be displayed:
"Transmission is turned OFF for receiving domains in TRANSMISSION ROUTERS file Cannot transmit code sheet!"

Only holders of security key DG PTFTRANS may access this option. You may not utilize this option while other records are being transmitted.

Utility Menu

Add/Edit Suffix Effective Date

The Add/Edit Suffix Effective Date option is used to add/edit/delete the effective date multiple of the FACILITY SUFFIX file (#45.68). The current status of the selected facility suffix is displayed prior to and after editing.

It is important to remember to add a **new** effective date and not just edit the initial effective date. Each suffix must have at least one effective date, allowing sites to maintain a history of when suffixes became active/inactive.

Only holders of security key DG PTFSUP may access this option.

Utility Menu

Delete PTF Record

The Delete PTF Record option is used to delete an entire PTF record from the system. Only PTF records with an OPEN status can be deleted.

If it becomes necessary to recreate a PTF record after it has been deleted, this may be accomplished through the Establish PTF Record from Past Admission option.

The Delete PTF Record option is only available to holders of security key DG PTFREL.

Utility Menu

Establish PTF Record from Past Admission

The Establish PTF Record from Past Admission option is used to create a PTF record for an admission that does not have a corresponding PTF record. This may occur if the patient was admitted before ADT V. 3.21 or if the PTF record had been deleted for some reason.

After selecting the patient name, the system will prompt for the admission date. To prevent duplicate PTF records for the same admission, an admission date for which a PTF record already exists will not be accepted at this prompt.

Utility Menu

Print Special Transaction Request Log

The Print Special Transaction Request Log option allows the user to generate a listing of special transaction requests. These include the following.

099 - used to delete the master record at the Austin Automation Center, Austin, TX

150 - request a print-out of a specific admission for a patient

151 - request a print-out of all admissions for a selected patient at a selected VA medical center

You may choose to print a listing of a single special transaction type or ALL types. You will be prompted for a date range, which type of special transaction should be included in the output, and a device. The default date at the "Start with DATE OF REQUEST" prompt will be the date the first entry was made into the log.

The log contains the date initiated (date request entered into log), user, block (type of special transaction), patient's SSN, admission date, and admission facility for each entry, if applicable.

If there are no entries in the log for the date range selected, you will be so notified.

Utility Menu

PTF Archive/Purge

The PTF Archive/Purge option enables sites to archive records that are older than three fiscal years and then permanently purge them from the system.

The user creates templates (range of PTF records by admission date) for those records which should be archived/purged. Editing of these templates is allowed. Editing functions include removing records, reactivating records which have been removed during the session, and viewing the contents of selected PTF records. Once a record has been removed from the template and you have made the change permanent, it is not possible to add that record back.

After editing, the template is ready for archiving. The archived data is placed in a word processing field to temporarily hold the data until a permanent storage medium is selected. The data is now ready for purging. It is not possible to purge records before they have been archived.

Once the records have been successfully archived/purged, you may delete the template entry from the display.

This option uses the List Manager utility. The List Manager is a tool designed to display a list of items. It allows you to select items from the list and perform specific actions against those items.

Only holders of the DGPTFSUP security key may access this option.

Utility Menu

PTF Expanded Code Listing

The load/edit options in PTF will no longer allow the selection of ICD codes that were VA specific in nature (codes with a three-character suffix). PTF codes will now be prompted with additional questions when certain standard ICD codes are selected; i.e., certain substance abuse diagnoses will now ask for the substance. The PTF Expanded Code Listing option will generate a listing of all the ICD codes that now require additional questions.

These codes are currently grouped into five categories - KIDNEY TRANSPLANT STATUS, LEGIONNAIRE'S DISEASE, PSYCHIATRY AXIS CLASSIFICATION, SUBSTANCE ABUSE, and SUICIDE INDICATOR.

You may choose to print the list for a single category, a range of categories, or all categories. The same applies to the ICD code numbers. If you wish to sort from the first category/code but **not** to the last, you must enter the category name/diagnosis procedure code at the applicable prompt instead of accepting the default of FIRST.

The category name must be entered in uppercase letters. If a range of categories is being selected, they must be entered in proper sequence (alphabetical order).

The output should be generated at a 132 col. margin width. For each selected code, it will contain the ICD code number, name, category, and inactive date, if applicable.

The data contained in the additional question fields will appear on the 101, MAS, 401, 501, and 701 PTF screens when present.

Utility Menu

Purge Special Transaction Request Log

The Purge Special Transaction Request Log option allows the user to purge special transaction requests. These include the following.

099 - used to delete the master record at the Austin Automation Center, Austin, TX

150 - request a print-out of a specific admission for a patient

151 - request a print-out of all admissions for a selected patient at a selected VA medical center

You may choose to purge a single special transaction type or ALL types. You will be prompted for a date range, which type of special transaction should be purged, and verification of the date range and type of transaction(s) involved. The default date at the "Start with DATE OF REQUEST" prompt will be the date the first entry was made into the log.

If there are no entries in the log for the date range and transaction type selected, you will be so notified.

Utilization of this option will produce a mail bulletin showing the purge has completed, the record format, and total number of records deleted.

Utility Menu

Set Transmit Flag on Movements

The Set Transmit Flag on Movements option allows the supervisor to flag 501 or 535 movements for transmittal purposes.

If a PTF record has more than 25 501 or 535 movements (a limitation set by Austin), the record cannot be closed or transmitted. If you attempt to close a record through the Load/Edit PTF Data option which exceeds this limitation, the following message will appear.

"{501/535} There are {'#'} movements but only '25' can be sent to Austin. ***
Contact PTF supervisor ***".

The purpose of the Set Transmit Flag on Movements option is to allow the supervisor to select which movements should not be transmitted.

Only PTF records with more than 25 501 or 535 movements may be selected. You may enter a <?> at the "select" prompts for a list of movements. You cannot flag discharge movements or 501 movements which have a transfer DRG associated with them. These movements will not be listed for selection.

Although this option allows you to flag a movement to "YES TRANSMIT", the purpose of the option is to flag those movements which should **not** be transmitted.

Utility Menu

Validity Check of PTF Record

The Validity Check of PTF Record option is used to perform a validation of the data contained in the PTF record. The validity check performed in this option is the same validity check performed at the time of closeout. A PTF record cannot be closed until it passes the validity check.

Four checks (edits) are initially performed on the PTF record during this option. The first review checks to see that facility number and discharge date are completed and that a DRG has been calculated. Because the PTF cannot be closed if PTF messages are remaining, the second review checks to see that all PTF messages are cleared. The user is given the opportunity to delete any PTF messages remaining at this time.

Thirdly, the PTF is checked to see that required fields are completed and that numeric fields do not have non-numeric characters and vice versa. Lastly, the record is checked for inconsistent data fields. For example, AGENT ORANGE (col 63) can only be used with PERIOD OF SERVICE - VIETNAM ERA or PERSIAN GULF WAR (Vietnam service indicator must be set to YES).

Each edit is not applied until the record has passed all preceding edits. For example, if the first two checks were passed, but not the third, the system would list the blank fields. If there were any inconsistent data fields contained in this record, these would not be displayed until all the blank values were completed.

If the record passes the verification process, the user will receive an electronic mail message in his/her IN mailbox from POSTMASTER showing the data contained in the PTF record in code form.

If the record does not pass the check, a list of incorrect fields is displayed on the screen. The list provides the transaction number, field name, column number from the transaction coding sheets, and reason for rejection. If the field is from the 501 transaction, the date of the movement will also be displayed. Correcting the PTF record fields is accomplished through the Load/Edit PTF Data option.

Additional edit checks were added with PIMS V. 5.3. If the record does not pass these checks, a List Manager screen will appear displaying the inconsistencies for viewing only. The error listing resembles the EAL report from Austin. These inconsistencies cannot be corrected through the List Manager screen. This is accomplished through the Load/Edit PTF Data option.